

MAY 1923

The PUBLIC HEALTH NURSE



Title Reg. U. S. Pat. Off.

VOL. XV

MAY, 1923

No. 5

The Questionnaire

By Gordon M. Fair

Published Monthly by the National Organization for Public Health Nursing, 370 Seventh Ave., N. Y. City
Magazine Office, 2157 Euclid Avenue, Cleveland, Ohio
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Health for Life's Sake

is the angle from which Dr. Williams has written his new book, *Personal Hygiene Applied*. Important as it unquestionably is for the nurse to understand and practice the principles of personal hygiene, it is equally important that she transmit this knowledge to others. In this connection, and speaking of Dr. Williams' book, *The Modern Hospital* says, "Physicians, nurses, and hospital social workers are frequently called upon to furnish some guide to patients, parents, and teachers in the way of healthful living. This book will answer that purpose in a broader way than many works of pure hygiene."

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The PUBLIC HEALTH NURSE

Volume XV

MAY 1923

Number 5



EDITORIAL

A CHANGE IN THE MANAGEMENT OF THE MAGAZINE

IN pursuance of a suggestion made by Miss Brainard at the meeting of the Executive Committee of the National Organization for Public Health Nursing held on October 30th, that THE PUBLIC HEALTH NURSE be turned completely over to the Organization, a Subcommittee was appointed by the President to consider the possibility of the suggestion.

The Committee was composed of the following members: Miss Gardner, *Chairman*; Miss Tucker, Miss Beard, Miss Stevens, Miss Roberts, Miss Crandall and Miss Clayton, with Miss Fox *ex officio*.

The Committee fully realized the seriousness of the task before it and counsel was sought in many directions. On one hand, lay the advantages of a closer co-ordination between the Magazine and the other departments of the Organization, a co-ordination which it was felt could be made possible only through propinquity, and on the other hand, the great loss which must be sustained by the removal of the Magazine from Cleveland and from the splendid and devoted committee there, which not only brought the Magazine into

existence but which has given to it a constant devotion and guidance and has made of it the fine publication which it is today.

After weighing the matter as carefully as possible, the Committee brought to the January meetings of the Executive Committee the following resolution:

"That THE PUBLIC HEALTH NURSE be brought to New York within the near future at such time as satisfactory arrangements for removal can best be made." In addition to this resolution the Committee recommended that a Magazine Advisory Committee be appointed, composed of at least seven members, the Chairman of which should be within available distance of New York, and of which two of the present Publications Committee should be members. It was suggested that this Committee be widely representative geographically and functionally of the country at large, and that a journalist should be included. It was also suggested that this Committee meet but once or twice a year to consider the general policies governing the conduct of the Magazine, but that a subcommittee be appointed of at least two members who should be available to the

New York office, and who should act as advisers to the editor in matters of detail, this subcommittee to meet on the call of the editor, or at frequent regular intervals. The Committee further recommended that the Cleveland staff be requested to administer the Magazine in New York.

It is a serious thing to break old ties but it need not necessarily be a sad one. The National Organization for Public Health Nursing has a history of rapid and on the whole healthy development. Such development would have been impossible without the Magazine which the far-seeing Cleveland Committee presented to it on the day of its formation in 1912. It was a wonderful gift, but the original presentation was but a small part of the contribution made to us by the Cleveland Committee. For ten years it has administered the Magazine with an ability which has given to us an organ of which we are proud. In giving up the actual responsibility hitherto carried this Committee may well feel that it is but sending its child out to a different phase of its life work and that none of the pride and joy of possession need be relinquished.

To Mrs. Lowman, Mrs. Harvey (formerly Mrs. Ireland), Miss Brainard and Miss Smith, the National Organization for Public Health Nursing owes a debt it can never repay except by an earnest effort to continue in the Magazine the spirit of its earlier years, so making of it a continued monument to the forethought, ability and devotion of its founders.

MARY S. GARDNER.

THE NEW EDITOR

IT IS a fashion of these days to disregard all that is not the immediate present. The modern outlook is one of tearing down, breaking away and crushing out all that covers those things that are at the root of our modern life. We think it is, in many respects, a wholesome reaction from the pruderies and false mod-

esties, hypocrisies and self-righteousness of the Victorian Age.

At times, we are very tired of this attitude and long to think and speak of that from which we sprang and for which we can take no credit to ourselves, for we were not in existence.

The wave of revolt against a respectful consideration of the past has been so universal and so popular that the reaction must also be popular. Some of us of the older generation are timidly beginning to speak with pride and satisfaction of the foundations of the social structure in which we live and work.

Before there was a National Organization for Public Health Nursing there was a public health nurse's magazine. No—it is more accurate to say that before there was a nurse who *knew* she was a public health nurse there was a magazine for her. On recommendation of its Committee on Printing, composed of Mrs. Lowman, Mrs. Hunter Robb, Miss Annie Brainard, the Cleveland Visiting Nursing Association decided in May, 1908, to publish a magazine for the friends of visiting nursing. Miss Brainard was made chairman of the Committee and Mrs. Lowman was editor. To the three members of the Committee on Printing already mentioned there were soon added Mrs. Ireland and Miss M. Josephine Smith, and it is to these five people that we owe a great debt—one of those debts that are matters of pride to be owing.*

It is not for us to try to write an appreciation of the spirit that inspired these early editors of our magazine nor of the devoted and sustained effort that carried that spirit over to us and to the 1000 subscribers to the Visiting Nurse Quarterly given by the Cleveland Visiting Nursing Association to the newly made National Organization for Public Health Nursing in January, 1913. It is, however, a great privilege to have received such a legacy and it must always be a great inspiration to us to remember the tradition we have inherited.

* See June, 1922, THE PUBLIC HEALTH NURSE: "Story of Our Magazine."

Having this tradition to live up to we are assured, so far as it is humanly possible to be sure of the outcome of any plan for the future, that, in Miss Carr's appointment to the Editorship of *THE PUBLIC HEALTH NURSE* we shall be able to continue the generous and unselfish service that has so greatly endeared our magazine to us and that through this kind of service we shall be worthy of the legacy we have inherited.

Not long ago one of the New York daily papers quoted the following comment on a member of its editorial staff:

"He acts as if nothing was too good for his paper. Does the paper own his conscience?"

The editor answered that he wasn't able to produce anything that was good enough for his paper. The best he could do was too poor for his paper, "and," he added, "it is in the realm of possibilities that my conscience and that of the paper for which I write are in agreement."

His part of the paper is most readable because it is sincere, sympathetic, and in the larger sense of the word, humorous. We like to read books, magazines, and papers that present their subject matter to us through the medium of exact knowledge of their subject, tempered by sincerity of expression, and flavored by the kind of humor that is kindly and capable of illuminating mistakes and foibles. Such an editor is truly a critic, one who discriminates, not, necessarily, one who finds fault.

Miss Ada M. Carr has accepted the office of Editor of our magazine, and we are very glad. She has knowledge of all our affairs. She knows us very well, both from her personal experience in the field of public health nursing and from her intimate knowledge of the various divisions of the work of the National Organization for Public Health Nursing.

She was the first Superintendent of the Baltimore Visiting Nurse Association for five years, and Head of the Department of Education in the Boston Instructive District Nursing Association for two years. She has taught pupil nurses in the Johns Hopkins Hospital School for Nursing, has been a superintendent of more than one hospital training school and so has the sort of sympathy that comes only from seeing all sides of a question. She has "enthusiasm" (literally, "to be inspired by a god") for public health nursing.

To her new undertaking Miss Carr brings also the experience acquired with the Johns Hopkins Hospital Alumnae Magazine, of which she was first editor.

It is very good to inherit fine traditions and to live up to them and this privilege the past and the future are combining to bestow upon the National Organization for Public Health Nursing in the developments for our magazine, described by Miss Gardner in this issue.

MARY BEARD.

SPECIAL ANNOUNCEMENT

The June issue of *THE PUBLIC HEALTH NURSE* will be the last number published in Cleveland, and the Cleveland Office of the National Organization for Public Health Nursing will be closed on May 31st. After May 20th, therefore, all correspondence should be addressed to the Headquarters Office of the Organization, 370 Seventh Avenue, New York City, which will thenceforward be the address of the magazine.

A GIFT FOR NURSING EDUCATION

With Illustrations Reproduced From an Exhibit on Nursing Education in Cleveland, Prepared by the Committee for Advancement of Nursing Education and the University Public Health Nursing District of the School of Applied Social Sciences, Western Reserve University



The College for Women, Western Reserve University

ON April 15th announcement was made in Cleveland that Mrs. C. C. Bolton, Jr., had offered to give \$500,000 to the Western Reserve University towards an endowment fund of \$1,000,000 needed for the establishment of a university school of nursing. The announcement was, in part, as follows:—

Mrs. Chester C. Bolton has notified the nursing council of the associated hospitals and medical school group of her readiness to contribute \$500,000 to the \$1,000,000 fund needed for the establishment of an endowed university school of nursing.

On November 8, 1922 the trustees of Western Reserve University passed a resolution to the effect that they "would welcome an opportunity to develop within the university an adequate school for the education of nurses," and further expressed the hope that "persons of means now definitely interested in the training of nurses" might complete a fund sufficient for the purpose. By her gift Mrs. Bolton has put Cleveland first of a number of cities that are trying to raise funds for university schools of nursing.

The need for such schools is emphasized in the report on "Nursing and Nursing Education in the United States," recently published.* This report embodies the findings

and conclusions of a three-years' study of nursing education conducted under the supervision of representative medical and nursing educators. It is the consensus of opinion that Cleveland offers unusual opportunity for the development of such a school. The forward looking attitude of the trustees of the university and particularly of the College for Women in furthering the establishment of the department of nursing education in September, 1921, and in helping the work of this department during the last two years, the liberal response of representative members of the medical profession who are familiar with the projected plans and approve of them; the degree of co-operation which exists between the hospitals, and the cordial response of the principals of the existing schools of nursing are all distinct assets and express in their several ways the civic consciousness of which Cleveland has so much reason to be proud."

The value of Mrs. Bolton's gift is enhanced by the fact that it is a gift from a woman for the education of women desirous of entering a profession, the aims and ideals of which are often misunderstood. For twenty years, Mrs. Bolton has studied these aims and ideals and has become convinced that the value of the contribution which nurses can make to the welfare of the community is in direct proportion to the adequacy of their preparation. And the purpose of the gift is to insure the

* For a Review of this Report see Library Department, Page 260, of this issue.

soundness and thoroughness of their preparation in order that they in turn may be actuated by high ideals and capable of rendering service of the highest possible degree of excellence.

The great desire of the graduate nurses of Cleveland for the establishment of a university school of nursing found expression in a contribution by them of \$1200 in April, 1922.

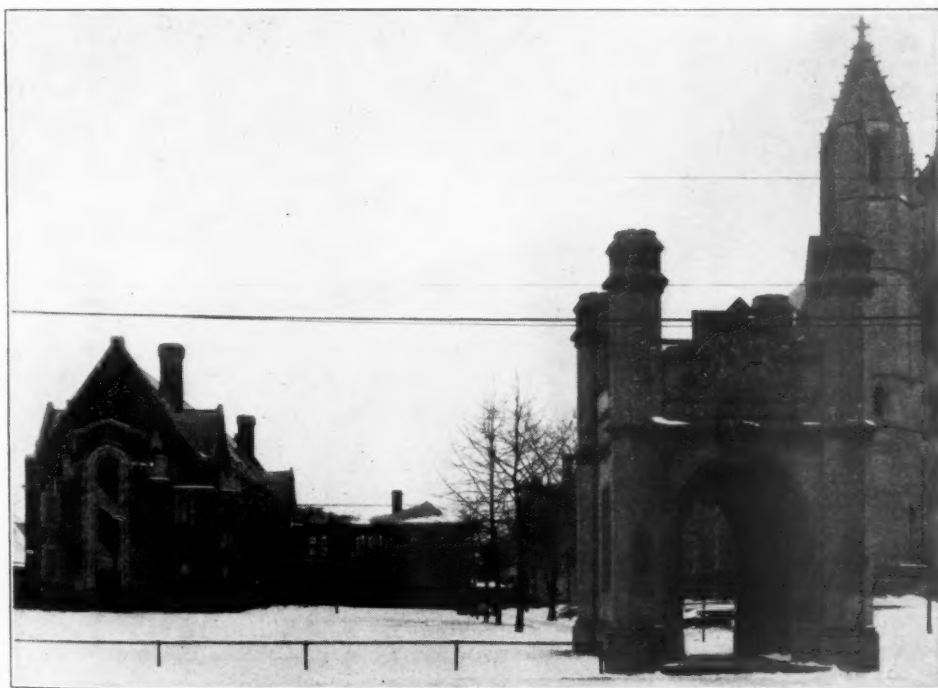
Schools of nursing have been favored with many gifts, for many purposes, but in all history there have been only two outstanding gifts for nursing education. One was the gift of \$200,000 which Florence Nightingale gave to the first school of nursing. This sum of money represented the gift of the English people to Florence Nightingale on her return from the Crimea, and the recognition of the need for the endowment of nursing schools was a pivotal part of her whole plan, but one that has been lost sight of in the rapid multiplication of schools in this country. The second gift was the endowment by Mrs. Helen Hartley Jenkins, of the Department of Nursing and Health in Teachers College, New York. Mrs. Bolton's gift is the largest ever made.

The hospitals included in the group plan (Lakeside, Babies' and Maternity) are to serve as the training ground for the students of the university school.

Readers of *THE PUBLIC HEALTH NURSE* will be particularly interested in this announcement, since Mrs.

Bolton is well known to them as one of the most active members of the Board of Directors of the N. O. P. H. N., her close connection with the Organization dating from the time when she became Chairman of its War Program Committee.

The Department of Nursing Education was established in the College for Women of Western Reserve University in September, 1921, with Carolyn E. Gray, R. N., as head. The department was created to foster and develop a type of nursing education which will utilize to the fullest possible extent the advantages offered by the University and the existing schools of nursing in Cleveland hospitals, and combine the advantages of regular college preparation with general and special professional training, through a five-year course leading to a Diploma in Nursing and a Bachelor of Science degree. The first and second year give the student an introduction to the general cultural subjects which are considered fundamental in any college training (Eng-



Entrance to the College for Women. The Gymnasium on the left

lish, history, language, etc.), to give her a good foundation in the sciences and to have her share in all the social and cultural opportunities of college life. The third and fourth years are devoted to fundamental professional training in any of the hospitals of Cleveland which comply with the standards set by the College for Women. During this period the student resides in the hospital. The fifth year is largely elective, the student choosing her further work in the particular branch of nursing in which she is specially interested. If she is interested in teaching or supervisory work in hospitals she receives her practical work in the hospital. If she wishes to take up public health nursing, she obtains her practical



Maternity Nursing

experience in connection with the University Public Health Nursing District and institutions in and about Cleveland.



Technique in Communicable Disease Nursing



In a Hospital Dispensary

A fairly large proportion of the student's fifth year is spent at the College for Women, where all theoretical work is given. At the end of the fifth year the student graduates with her Diploma of Nursing from the hospital and her Bachelor of Science degree from the University.

NOTE: Next month we hope to publish photographs of the University Public Health Nursing District.

YALE UNIVERSITY ESTABLISHES SCHOOL OF NURSING

Just as we go to press word reaches us that the Rockefeller Foundation has appropriated funds to maintain for a five-year period the new school of nursing at Yale University, the establishment of which was announced from New Haven, April 25th.

The plans of Yale University include three significant features: the basing of the student's instruction and experience upon an educational plan; the shortening of the period of training; and the inclusion in the course of public health and community work as well as hospital service. The educational work of the New Haven Visiting Nurse Association and of the Connecticut Training School for Nurses in the New Haven Hospital will be co-ordinated in the plan.

We understand that Miss Annie W. Goodrich has been asked to take the Deanship and has accepted the appointment.

RECREATION AND RACIAL DEVELOPMENT

Digest of an Address Given at the Cleveland Nursing Center

BY GEORGE D. BELLAMY

Head Resident, Hiram House Social Settlement, Cleveland

WHATEVER they may believe as to the process and progress of evolution from the biological standpoint, scientists are agreed that man is still in the early stages of social evolution. From the individual to the family, to the tribe, to the race, to the nation the path of social evolution now leads toward internationalism.

The child of six has developed an individuality, but from six to nine he is developing self-control; at twelve the group instinct is strong within him. Humanity has followed through these same three stages along the path of progress, and during the last four thousand years man has been in the throes of a great struggle to develop the Group Instinct. The most noted and oft-repeated example of this struggle has been man's attempt to build a city, the rock upon which his destinies have been so often wrecked. Why is it that whenever men have come together in a group to build a city their mental, moral, and physical vigor has deteriorated? What has the city done to the child and to the man to weaken him so that he becomes an easy prey to new peoples from the hills and plains? Is it true that only in the jungle, in the midst of wild nature, does evolution tend upward and that under city conditions, with tenements and city streets, the progress of evolution is stayed? Some hidden force in man has determined that the city shall be built, if not by this generation then by some other. Thus we quote Professor Ross, "One hundred and thirty years ago, at the foundation of the American Republic, only one per cent lived in six towns of more than eight thousand population each. In 1910 nearly one-half of us lived in places of over two

thousand five hundred inhabitants. So many of the coming generation are growing up in the cities that it will not be long ere the national soul is urban."

Society can move upward under the leadership of a few good men just as it can break down under the leadership of corrupt men. It is our problem to build a city safe, virtuous, and stimulating to the development of the most virile body, mind, and spirit. This movement for urbanization is the call of the Group Instinct in society. It is the task of the sociologist to make clear, before it is too late, what are those fundamental laws which operate with unfailing precision in the degeneration of races. These fundamental laws operate in each attempt of man to build a city: (1) Any individual, nation, or race that has wasted its leisure time has sunk into degeneration and decay. (2) Every individual, nation or race that has used well its leisure time has, during wise use, risen to power and influence and contributed to posterity. It is in the use of leisure that the strongest morals, the finest ideals, the highest riches of mind and talents are attained. Society's forward movement is contingent more upon her moral position, than upon her material products. It is in leisure that society develops her spiritual qualities, her honesty, truth, courage, patriotism, interests, tastes, habits on the very foundation of which it is possible for society to endure and the absence of which is certain death.

Silently but none the less effectively recreation fixes and determines habits of mind and characteristics of nations. In 1810, Father Jahn developed his plan of physical culture for men of the entire German nation.

He hoped to build up an army of trained German athletes to fight the French; and, in the development of bodily training the German struggled to perfect himself in exactness, precision, regularity of motion, in correctness of detail. Naturally we find these qualities of mind which the German Turnverein tried to develop working their way into industry, politics, business and social life. It was a common occurrence during the War to find that the Germans, when their plans were upset, were thrown into such confusion that it was difficult to retrieve their error.

Games of the Nations

THE foremost French game for four hundred years has been fencing. It calls out gracefulness in gesture, form and beauty of position. The fencer displays his personal skill. The training emphasizes the ego and develops mental and physical quickness and alertness. The characteristics in which the French have endeavored to excel have become a part of their national and individual life—they love form, grace and beauty and before the war all the world went to Paris for styles.

The bull fight has for centuries been the chief recreation of the Spanish people, a sport which cannot help but develop cruelty, brutality, vengeance, blood-lust, treachery, characteristics which have particularly marked Spanish explorations, their treatment of animals and their development of means of torture. A Mexican governor once said to his people, "While the strong hand of Diaz supports you, begin now to find a substitute in character-building recreation; for, so long as your recreation centres in the bull fight so long will Mexico be a land of revolutions."

Skiing in Scandinavian countries goes back to prehistoric times. Coast-ing, skating, mountain climbing have long filled the leisure time of the Norwegian people—all forms of recreation which develop self-confidence, bravery, muscular control, physical

courage and endurance, characteristics common to the people of Norway and Sweden.

The Team Game

THE team game is the moving force in play and recreation among Anglo-Saxon people, differing markedly from that of all other nations. Team games have been played in England for possibly one thousand years. "Crick," a possible forerunner of cricket, was played in the time of the Nords. In individualistic games the score reacts on the individual man, encouraging selfishness, conceit, a tendency to gain advantage through the hesitancy or weakness of the opponent. The psychology of the team game is different. Each player must meet the error or skill of colleague as well as opponent and must sacrifice individual plaudits for the good of the whole team. This is the germ of patriotism and cultivates an entirely different quality of mind than when one acts for himself alone. Team games develop all the good qualities drawn out in warfare with none of the bad, and develop a wonderful technique in action. Irrespective of all the errors England has made, it is still true that she has been the greatest colonizing nation on earth. Had the Germans possessed the qualities of mind developed through team games, there might never have been a World War. European nations are today merely displaying the qualities of mind developed through individual contest. They cannot adjust themselves to the necessary team work, because that is a process of centuries.

America for one hundred and forty years has, like England, been developing team games, and here we find groups, social clubs, all kinds of organizations which succeed because they have the team instinct. As never before the group instinct is seeking expression and the nations and individuals which have developed this instinct through team games are the leaders in this upward reach of evolution. Illustrations from civili-

zations older than our own have shown us the important bearing of the use of leisure in the development of racial characteristics and the determining of civilization. Now in our own civilization the development of machinery and application of invention have given leisure to millions. The elimination of slavery, the extension of education, the growth of the democratic principle have created far-reaching social upheavals and turned free great masses of people to satisfy this intense hunger for games and play. Modern city conditions have resolved the problems of society into three factors, namely; work, living conditions, and recreation. These are the forces which will fix with unerring precision the future of our civilization, but it is in the use of his freedom that the final word of man's development will be spoken.

When the city was in its early stages of development, it was pliable, formative and many traditions could have been established giving enormous impetus to the well-being of future generations. Unfortunately,

the School, the Church, and the State of the last generation did not realize the importance of play and recreation in character building. As yet, no one but commercial recreation has capitalized the deep yearning man has for fun and relaxation, a hunger multiplied a thousand fold by modern city life. It is an instinct fundamental to his growth, capable of being either good or bad as his environment may determine. The group instinct may express itself as a gang (which is bad) or as a team (which is good). In play the path divides, the one to the good, the other to the bad. It is largely in the use of leisure that the cities will decide their fate. If the group instinct in society can be stimulated to reach out for expression through teams and clubs and wholesome games and play, we will find developed for the future the spirit of loyalty, justice, arbitration, the best type of education and an essential factor of the controlling influences which will permit the building of an enduring city.

INDUSTRIAL NURSING SECTION OF THE N. O. P. H. N. TO HOLD ANNUAL MEETING

Any individual nurse who is a member of the National Organization for Public Health Nursing is eligible to membership in this Section; by sending her name and address to the Secretary she may be enrolled as a member.

The annual meeting of the Industrial Section of the N. O. P. H. N. will be held in Washington, D. C., on Friday, May 18th, at two p.m. As this meeting is to be held in conjunction with the National Organization of Social Workers, the place of meeting and program will be announced daily during the session.

The following program is planned:

Election of one Nurse and one Lay Director to service for one year. A paper will be read by Dr. Augusta Scott, of the Metropolitan Life Insurance Company, on "Neuropsychiatric Work in Industry." This paper will be followed up by a round-table discussion.

The National Conference of Social Work will meet May 16th to 23rd inclusive. The Sectional programs are sure to be most interesting, and it is hoped that many of our Industrial Nurses may be able to take advantage of this opportunity.

Mrs. F. J. Brockway, No. 1 Madison Avenue, New York City, Chairman of this Section, is eager to learn of all Industrial Nurses and Industrial Nursing Clubs. If you are an Industrial Nurse won't you communicate with her and let her know of any Club of which you are a member.

(Signed) MARY ELDERKIN, Secretary,
Union Carbide & Carbon Corp.,
30 East 42nd Street, New York.

THE QUESTIONNAIRE

An Analysis

BY GORDON M. FAIR

Instructor in Sanitary Engineering, Harvard University, Cambridge, Mass.

WEBSTER'S New International Dictionary of the English Language (1920) does not seem to see fit to include among its 400,000 words the term *questionnaire*, so well known to members of the public health profession; it does, however, list an English word—not commonly found in smaller compendiums—that seems to cover the meaning of its manifestly Gallic cousin fully as well. This word, probably more acceptable to linguistic purists, is "questionary" and is defined by the authority already referred to as "asking in the form of, or involving questions." Perhaps it might be well to avoid the addition of another word to the existing 400,000 by employing in the future this English equivalent of the French word *questionnaire*, at the same time nipping in the bud such colloquial extravaganzas as, *horesco referens*, "I shall questionnaire him."

The word itself defined, the normal or legitimate purpose of the questionnaire may be said to be the collection of important facts and opinions from numerous sources for the purpose of statistical study and application to the questioner's needs, the facts being unobtainable by the inquirer's immediate and direct exertions. The conditions warranting the use of a questionnaire as a means of gathering information should therefore be:

1. The enquiry must be new.
2. It must be sufficiently important to justify calling upon busy people to spend time and effort in answering the questions.
3. No part of the information asked for must be obtainable from printed records or other sources possible of being made accessible to the enquirer.
4. Professional advice must not be sought.

5. Whenever possible, the results of the study should convey a common benefit to questioner and questionee.

How far questionnaires fail to meet these conditions could well be shown by determining the number of schedules that find their way into the waste paper baskets of private individuals and public officials courageous enough to thus dispose of the demands for information prepared by thoughtless or phlegmatic enquirers, whose questions are sufficient proof in themselves that disregard of their request for information would in no way entail a loss to the world's knowledge of the subject investigated. Of all professions the members of what Professor Whipple pleases to call "the health craft" seem to be imposed upon most of all. In all such cases the word *le questionnaire* should be translated as the torturer and not as the questionnaire.

Even when the requirements stated above are satisfied in general, the following particular studies should be undertaken previous to preparing the questionnaire:

6. A compilation of all available published records of the subject should be made in order to acquaint the enquirer as intensively as possible with his problem.

7. These records should be investigated to determine the known and unknown factors involved in the study.

8. The known factors should be analyzed statistically and used in connection with the enquiry itself.

9. The unknown factors should form the basis of the questionnaire.

10. The generalized results of this preliminary study should then serve as a preamble to the questionnaire for the purpose of creating interest in the enquiry.

If these studies are well conducted the enquirer will have fitted himself

to tackle the preparation of the questionnaire proper. In order to do so effectively, however, the questioner, who, it is assumed, is also otherwise thoroughly acquainted with his subject must be:

11. Fully conversant with statistical methods;

12. Able to express his questions in simple and concise language;

13. Well versed in the art of setting up the schedule of questions in proper multigraphed or printed form.

It is to be regretted that many members of the public health profession are either lacking in statistical sense or otherwise do not go to the trouble of acquainting themselves with the rudiments of statistical analysis the application of which can but seldom be avoided, no matter what the field of public health. Yet many such individuals prepare questionnaires which they are not qualified to study even should they succeed in devising an answerable schedule. It cannot be over emphasized that the preparation of a questionnaire and the subsequent analysis of the returns is essentially a statistics. As such it includes the application of the following statistical processes:

14. The collection of facts, which necessitates:

(a) The formulation of a series of questions that must meet the requirements for statistical schedules. The English statistician Bowley has laid down the following general rules for such schedules. The questions should be:

1. Comparatively few in number.
2. Require an answer of "yes" or "no" (or of a number).
3. Simple enough to be readily understood.
4. Such as will be answered without bias.
5. Not unnecessarily inquisitorial.
6. As far as possible corroboratory.
7. Such as directly and unmistakably cover the point of information desired.

(b) The arrangement of these questions in the form of a schedule that will provide convenient and adequate spaces for answering the questions.

1. A questionnaire that is properly worded and well set up will make an intellectual and esthetical appeal bound to be reflected in the clearness and completeness of the answers given.

2. It is well to answer oneself the sched-

ule drawn up in order to make sure that the answers to the questions will convey the information desired and that the space provided for the answer is adequate.

3. The lines should be so spaced that the answers can be typewritten.

4. If, for the sake of completeness, certain known data are to be incorporated in the schedule, they should be filled in before the questionnaire is dispatched.

Such evidence of a desire to reduce to a minimum the labor of the questionee will surely secure his more whole-hearted co-operation.

(c) The distribution of the schedules and their return.

1. All schedules should be mailed in duplicate in order that the questionee may retain a copy for his files.

2. The name, address and all other known information relating to each blank should be filled in by the enquirer.

3. A self-addressed return envelope should always be enclosed.

15. The classification of the facts.

It must be borne in mind while preparing the questionnaire that the facts collected are to be classified and analyzed, that therefore the answers must contain some common denominator in order that the data may be assembled in classes, groups, or series capable of further analysis. A plan for studying the answers should be prepared at the same time as the schedule.

16. The generalization from the facts. This is the ultimate object of the questionnaire and includes:

(a) Comparison of the facts.

(b) Drawing conclusions from the study of the facts.

(c) Display of the facts.

Just how this is done, however, is another story. Those who may wish to know should read a standard work such as Whipple's *Vital Statistics*. Suffice it to say that this last point must be carried very much in mind during the preparation of the questionnaire, for a structure is no stronger than its foundation and the information gained from a questionnaire will vary in proportion to the quantity and quality of thought invested in the schedule.

Finally, it is well to prepare a list of all the people, institutions, etc., that have been asked to answer the schedule and to send them a résumé of the results obtained.

PUBLIC HEALTH NURSING

versus

BEDSIDE WORK

*A Further Contribution to the Series Begun in Our February Issue.
These Articles Are for the Purpose of Discussion, and the Editors
Do Not Take Responsibility for the Opinions
Expressed by the Writers*

BY B. FRANKLIN ROYER, M. D.

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PUBLIC health nursing is a modern specialized form of public education. Just as popular education is planned for every member of a community, limited only by the amount of money allocated by the Government for that purpose, so public health nursing, its most promising offspring, should be made available to every resident of the community, and the scope and extent of its field will be limited only by the size of its budget.

Home teaching of the masses by private endeavor is an historic form of service. It reached its maximum in the eleventh and twelfth centuries, when, so far as we are able to judge, home visiting for purposes of improving living conditions and care of the afflicted was almost universal among Christian people. With the decline of home nursing work—the dark ages of nursing and philanthropy from the latter part of the seventeenth to the middle of the nineteenth century—most of this organized effort ceased. Under the stimulus of the English Quaker Rathbone and others, it was revived in the district nursing organization movement that spread so rapidly both in England and on this continent.

To Florence Nightingale we must give credit for the development of the modern training school for nurses. She was also largely responsible for creating sentiment for the home health teacher known in England as the "health visitor," on this continent as the "public health nurse."

The following quotations are taken from a paper prepared by Miss Nightingale for the Congress of Nursing held in Chicago during the World's Fair of 1893:

"But, in fact, the people do not believe in sanitation as affecting health, as preventing disease. They think it is a 'fad' of the doctors and rich people. They believe in catching cold and in infection, catching complaints from each other, but not from foul earth, bad air, or impure water. May not some remedy be found for these evils by directing the attention of the public to the *training of health-nurses*, as has already been done with regard to the training of sick-nurses?"

"Nursing proper is to help the patient suffering from disease to live, just as health nursing is to keep or put the constitution of a healthy child or human being in such a state as to have no disease."

Public health officials have long possessed supreme police power in safeguarding the welfare of a community. With an increasing knowledge of the causes of disease, health departments began to provide for treatment of acute epidemic diseases, which heretofore belonged solely to the field of Curative Medicine, such as small pox, scarlet fever, diphtheria, etc. For years health officials have manufactured or provided free or at cost, vaccine virus, and diphtheria antitoxin for both curative and immunizing purposes.

Public health departments now operate tuberculosis dispensaries for diagnosis and guidance in home treatment, and they likewise organize and maintain sanatoria and preventoria.

The anti-tuberculosis movement was at first curative in aim, and pro-

moted by doctors engaged in practice of curative medicine, but has gradually and definitely become preventive and educational. In the beginning the nurse was employed to ferret out and bring to clinics infected contacts, and to assist in directing treatment. As the work progressed, and the doctors directing it developed broader knowledge, they, as well as the general public, came to realize that the prevention and cure of tuberculosis was just a phase of public health work. It also became apparent that every efficient move towards prevention of transmissible disease and faulty nutrition lessened the incidence of tuberculosis. It became apparent, too, that the nurses employed originally to help cure tuberculosis, who went into the homes, searching out and correcting environmental faults, were public health workers. With the development of this idea on the American continent came a quickening consciousness of the need for home health teachers such as had been urged years earlier by Florence Nightingale.

During the first decade of this century, a tremendous appeal was thus made to the public by featuring the lessening of tuberculosis sick rates and death rates. The cutting down of infant mortality and the correction of remedial defects in school children were later subjects of compelling appeal, in which nurses took active part as specialized workers.

In the second decade of the twentieth century, attention was being directed to the cure and prevention of venereal disease. The interest and support of men and women of broad vision, in church and social organizations, forced public officials and party leaders to consider the possible popularity of voting public moneys for this program. The shocking results that came to light following the Great War greatly stimulated this campaign. As a result, the field of curative medicine has been invaded here perhaps further than has been

the case with any other infectious disease. The work was undertaken primarily with a view to prevention, and, with the lessons of the Great War fresh in mind, the champions of both curative and preventive medicine are working harmoniously together towards achievement of the same object.

Generally however, health authorities have left the field of Curative Medicine and Curative Nursing—so far as free or part-free care is concerned—to those public and private philanthropic agencies directly concerned with the public welfare; and have developed more and more intensively the virgin soil of the field of Preventive Medicine. Occasionally school officials undertake provision of both medical and dental treatment. Diseases peculiar to certain localities, such as the hookworm disease and malarial fevers in the South, are considered legitimate fields for health officials of that part of the country.

Development of "Health Nursing"

DURING this public health developmental stage, the visiting nurse organizations were doing splendid work in meeting the needs of various communities, giving bed-side care to the sick and a certain amount of instruction in hygiene and home-nursing to other members of the household. As the fields of Preventive Medicine were cultivated, it came to be seen that graduate nurses trained for bed-side work were not equipped for teaching prevention or general health education which had extended far in many directions. Pioneer doctors and nurses in this branch of medicine often failed. They stressed disease and cure rather than health and its preservation, and the preventive lesson did not "get over."

Here and there, in the early years of the twentieth century, health teachers with vision began to consider better methods. Nurses who had undertaken home teaching and had failed to get results, tried to discover the causes of their failure. Post-

graduate courses were sought, and in 1910, a course of instruction for nurses ambitious to do health teaching, was arranged at Teachers College, Columbia University. It filled a great need and gradually expanded along specialized lines.

At the close of the Great War, when the Red Cross turned its efforts from humanitarian work in the rear of the fighting armies to the more fundamental problem of averting peace-time catastrophes, there was a world-wide opportunity to apply war preventive measures to civilian life. Many courses in home health education for nurses were offered by universities, and hundreds of nurses, fresh from war work overseas, availed themselves of this new opportunity.

A certain glamour suddenly grew up in connection with this crystallization of sentiment in favor of health teaching. It seemed to many that this crusade for "the prevention of disease and the mitigation of suffering" would be so compelling in its appeal that the public purse would open as readily for it as it did for Red Cross relief work. Some organizations even wanted to join this fascinating health movement without comprehending their relation to public authorities.

At the beginning of this great movement there was no appreciation of the logical place for supervising health teaching work. Should it be done by the health department, by the educational department through the schools, or by some outside organization? Whence should come the "overhead" expense—from the public purse, the Red Cross, or other private philanthropic agency?

Where a fairly well financed health organization existed already, whether national, state or municipal, it seemed to wide-awake health officials that there was the logical place for the public health supervision and executive control. Such was the view of State and Provincial Boards of Health at the Atlantic City meeting in 1919 and of the Executive of the American Public Health Association.

In the meantime, all over the country district nurses and district nursing organizations proclaimed themselves public health nurses, some even insisting they were the only public health nurses, that they had always been public health nurses, and that most of their work consisted of public health teaching. I am convinced that such visiting nurses and their boards were misguided and mistaken when for a time they forsook the compelling appeal of bedside nursing of the dependent and the near-dependent sick, and the home teaching opportunity always afforded under such circumstances, for the newer field of constructive health teaching, in the hope that untold wealth would come to their support. They did not comprehend what constructive, positive health teaching meant.

We are now approaching "normalcy." The sentimental appeal has lost part of its original charm. The public, as always, stands ready to support compelling appeals for assistance in sickness. Men of vision, before continuing to finance public health promotion from their private purses, are asking "Why isn't this public business?" The public are already paying for some health education in the schools, and in the schools all fundamental and basic health education should centre. Home education should be largely supplemental, along lines not readily approachable or practicable in school, and should reach all those who were neglected during their school period. Logically, there should be provided a home extension course filling these community needs, to be paid for out of the public purse, as practical and as individual as the community can afford, and available to all.

A background of general nursing, of public health nursing and of nutrition work is essential for this home health extension education. The health official who follows the community's need and the community's weakness, is the individual of choice to direct this work. He is

the logical employer of the home teaching staff. He is the one individual who can fill in the missing links in community health education, who can properly co-ordinate and round out health teaching work with the other forms of community education.

The supreme task of the public health nurse is to be the connecting link between the health official and the citizen. She must interpret to individuals the principles of right living and teach them how to build health. She must strive to create a public health conscience and help elevate standards of living in the community.

The public health nurse must be trained to work at the elbow of the public health administrator. Her training particularly fits her to supplement the administrator's work in teaching methods of health building and disease prevention.

The public health nurse seeks personal contact with families in order to instill into them the essentials of health, *before* disease develops. She is successful in so far as she establishes and maintains such contact for teaching purposes, *working forward* to the prevention of disease.

In this discussion little has been said about the place for the direction of bedside nursing. In communities where hospitals are founded, financed, and managed under official welfare boards, there, if properly financed, would seem to be the place for direction of the bedside nursing service. If these semi-public functions are supported in part by public funds but in larger part by private philanthropy, then private philanthropy control would seem best. On the other hand, in communities where hospital construction, maintenance and welfare work generally are under the control of the health department, and where the community purse would permit, then under the same department would be a logical place to put the visiting nurse service. In any event, the bedside nursing service should be made an outstanding and impera-

tive service to the community and the bedside nurse should work at the elbow of the doctor in curative medicine.

During the period while bedside nursing is required, other home teaching service may advisedly be withheld. Co-operation of agencies makes easily possible such adjustment, and duplication of visits is then avoided. A short-time look on the negative side of health teaching is thus afforded with practical lessons in care of the sick to be given by the bedside nurse. The family should then be returned to the community positive health teaching service.

Bedside nursing cannot, however, because of the psychology of approach through sickness, have the same value as a contact established by a teacher whose object is to impress health for health's sake, and to work for change of environment, change of household methods as health building measures. To back up on this sort of teaching from sickness savours too much of the negative side of education. It is remarkably similar to the sheets of "Don'ts" printed by health departments some years ago. They were failures. We must accept modern pedagogical methods and approach the family from the right psychological standpoint, which is the positive—*do*.

The logical division then, is for the public health nurse to work at the elbow of the health administrator, the bedside nurse at the elbow of the practising physician. These lines may always obtain. Both groups are required by modern society.

To combine the functions of home health teaching nurse and bedside nurse in one individual requires of each such nurse an ambidextrous mentality rarely met in pedagogical circles, and still more rarely met in nurses. Each field of public nursing work is as wide now as is compatible with that thorough working knowledge likely to be acquired during the short life of usefulness of a public nurse.

"BEDSIDE CARE"

A Paper Which, Although Not Written in Connection with the Discussion on Bedside Care begun in Our February Issue, Is Felt by the Editors To Form a Valuable Contribution to This Subject.

BY EDNA L. FOLEY

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THE words "bedside care" are probably the most frequently misquoted and least understood in public health nursing work. The words "nurse" and "to nurse" are getting so many connotations that they are almost as difficult to define as the word "health," which has only recently been defined as "a complete absence of pathological conditions which might indicate disease."

"Nursing" in the minds of many people means only the actual manual care of the sick, although the woman who possesses the diploma of a graduate nurse is expected to be a clever jack-of-all-trades. In public health nursing, the words "bedside care" mean primarily that the nurse gives skilled, competent care to sick people in all kinds and conditions of homes. These words further imply that she understands the care and instruction of a pregnant mother as well as the post-partum care of that mother and her baby, the care of well children who are to be kept from getting ill, all kinds of special treatment for both the acutely ill and chronic patients, the care of patients suffering with nervous or mental disorders, the home treatment of heart patients, of patients who have kidney complications, either chronic or acute, of patients who are on any one of the fifty-seven varieties of special diets. In fact, the procedure a public health nurse is supposed to understand and carry out and teach are almost legion.

For "bedside care" can no longer be conceived as a technical service, finished when administered; its ramifications are as numerous and detailed as the patients' needs.

It is customary now-a-days to belittle nursing, to say that anyone of average intelligence or less can care for the sick as readily and as skillfully as women who have spent three or more years in learning the art. Perhaps patients alone appreciate the well-taught nurse and understand the many fine distinctions that fill the gap between her and the untaught. There are a good many women and some men also, who, for love's sake, can give quite wonderful care to their own sick, especially when this care is given under the supervision of the best physicians and surgeons obtainable; but there are a great many more who, notwithstanding the fact that they put every bit of affection possible into their work, invariably do the wrong thing and harm the patient far more than they help him.

"Bedside care" in public health nursing means actual care of the sick patient given by the visiting nurse. It means teaching that care to someone who will be with the patient between the nurse's visits. It means trying to prevent unnecessary suffering for the patient, and unnecessary illness for other members of the family or the community. For the public health nurse is not slow to realize the fact that whereas the family is the social unit that makes all Society possible, the family is also the breeding place for many of the preventable diseases and conditions which may, in time, prove scourges to entire neighborhoods if preventive measures are not taken early.

The old district nurse used to find her typhoid patients between featherbeds; healthy little children deliber-

ately exposed to the infectious diseases of childhood (that they might have them and be done with them); small-pox patients chatting with neighbors over the back fence; and the treatment that the patient really needed, in many instances reversed. We are so accustomed to the old saws of our grandmothers that some of us still do not realize that colds and fevers have a great many points in common and that it is wise neither to stuff one nor starve the other.

Science having upset all preconceived notions of the providential causes of disease and suffering, the medical profession is forging ahead in its double service of alleviation and prevention. In the group with physicians and sanitarians, we should include all nurses, for it is of little avail to discover the tubercle bacillus in the laboratory if the effects of that discovery are not preached in every hospital and home of our large cities. The discovery of the Klebs-Loeffler bacillus as the cause of diphtheria and the preparation of the curative and immunizing anti-toxin was an enormous step forward and saved millions of lives, but today the work of the nurses who are skilled in caring for throats, who are taught to anticipate as well as to watch for distressing symptoms which may mean death or invalidism to the patient who gets his anti-toxin too late, is a very essential part of the campaign against diphtheria. In the care of crippled children and other handicapped people, surgery has performed miracles, but without the nursing aftercare, without the muscle training and other treatments that prevent so much surgical interference, and help, in time, to restore life to apparently useless muscles, orthopedic science would find itself very severely handicapped.

Every woman and every girl old enough to be in the seventh or eighth grade should know some of the simpler procedures of caring for the sick, but it is misleading to say that good nursing, the sort of skill that comes only after years of training and

experience, is not as necessary today as it ever has been. If we wanted proof of this fact, the demands that are being made for good nurses in almost every quarter of the globe, and the grumblings that follow quickly when the thousands of nurses are not produced would, in itself, be sufficient proof of the need for more and better equipped nurses.

The Need for "Bedside Care"

IN the public health field, nursing care is singularly necessary, for so often the nurses find devotion that can give and wants to give a certain amount of care, without intelligence. For instance, not long ago a visiting nurse found a six-year-old boy lying between feather beds. He had been ill for four months, diagnosed "discharging abscess of the hip following a tonsillectomy." Few people have any idea that tonsils and hips have much in common, but in this case they had altogether too much in common, for the germ that entered the tonsils evidently attempted to leave the body by the hip route and the consequences were disastrous.

The sheets on which the child was lying had not been changed in four weeks. His dressing was only done by lifting soiled gauze from the wound and gently placing fresh dressings on it. His legs had been so frequently contracted because of the severe pain, that his knees were drawn up in a cross-legged position. When the visiting nurse suggested first that John be given a bath, have his hip dressed and his sheets changed, his mother thought that it would kill him. But a little skillful engineering brought two neighbors in to help. The dressings and bedding were got ready, the bath half given, and then, while the three women lifted the wasted body by its head, hips and ankles, the nurse quickly changed the sheets, dressed a bed sore which extended almost from the shoulders to the tip of the spine, dressed the hip and had the whole thing done before John could stop screaming. For

three months this treatment was repeated, with the exception of the screaming, for the youngster was so much more comfortable on his clean bed and the dressings meant so much, that within a day or two he looked for the nurse as eagerly as his mother did.

At the end of three months, the small boy was taken to the hospital, where six weeks of extensions and weights applied to the crooked legs straightened them out and now we hear that he is going to school, running all over and behaving as a perfectly normal, bad little boy should. He has a slight limp and that is all. If nursing care were so simple a procedure, if nothing but a mother's devotion were necessary, why did this youngster become almost hopelessly deformed, develop a bedsore which was three months in healing, and endure untold suffering? Since we are not discussing the economic effects of disease, we need not touch upon the exhausted savings, the mortgaged cottage, the months of broken rest for a working father and a worn-out mother.

Another patient, a motorman, was referred with a varicose ulcer. Few nurses in hospitals see varicose ulcers. They are treated in dispensaries and physicians' offices; often we find that patients treat them themselves. Sometimes they heal; more frequently they do not. The livelihood of this particular patient and several small children depended upon his ability to stand in the front of his car, to drive it well and to prevent accidents. Two weeks in bed, with the foot elevated, and a daily dressing healed an ulcer that had been making a perfectly self-respecting motorman into an irritable grouch, for the pain after a few hours' standing was intense. The patient was intelligent enough to see that the condition was getting worse rather than better but he had only sufficient vision to recognize the fact that his wife and children might soon be without their natural supporter. This ulcer has recurred twice. Both times

rest, elevation and careful dressing and bandaging have enabled it to heal again within a very short period.

A Home That Remained Unbroken

IN a very poor home in which there were several children, a visiting nurse has just been able to save the life of a mother who left the hospital against advice shortly after her baby was born. She had not liked the hospital and we really saw no reason why she should. She left it, as her husband stated quaintly, "with a big fever," signing her own release, but a curettage was necessary the next day. When referred to us by the physician, she was in desperate straits. The care included a sponge bath, an alcohol rub for temperature and a cold pack for the left leg. Two days later the patient had a severe chill and in the afternoon her temperature rose to 105 degrees. The pain in her leg became worse and she also developed a severe pain in the chest. The doctor called and left the following orders: "Pneumonia jacket; left leg bandaged and elevated. High colonic flushing daily. Sponge bath and alcohol rub for temperature." This care was continued twice daily for a week, when the second physician was called. He pronounced the case general septicaemia, confirmed the first doctor's treatments and suggested daily lysol douches. A week later a complete blood count was made and hypodermics of Sodium Cacodylate ordered. By the twenty-first day the temperature was lower, although an afternoon rise persisted. The pneumonia jacket and leg bandages were discontinued and the patient was allowed to sit up for a few minutes. Just then a bad earache developed. For this, warm glycerine was ordered. Relief followed; no complications arose and from then on the patient showed a steady improvement. Twice daily calls were discontinued on the thirty-first day, for the patient had a normal

temperature, and was sitting up for longer periods daily.

The care given by the visiting nurse saved the life of this mother, as the family well knows. Little help was given by relatives. The husband was forced to work or lose his job. The sister who remained in the home had her own nine weeks old baby to look after as well as the patient's two older children. Another sister who took the new baby complained continually about the added burden. Besides caring for the mother, the visiting nurse taught the aunt the artificial feedings ordered for the new baby. The noise and confusion in the house worried the patient, her condition frightened and discouraged her and quite regularly she lost heart. The visiting nurse's quiet manner and soothing assurances of recovery probably did as much for her as all the nursing care combined. Usually so sick a patient would have been given a special nurse, but the family were exceedingly poor and the little home so congested that there was not so much as an extra chair on which a nurse could sleep, therefore a stranger on a twelve or twenty-four hour stretch was out of the question. The amount of planning the visiting nurse had to do for this household amounted to skillful engineering. Instruction here, even accompanied by occasional demonstrations, would have been of little value had not the nurse been able to carry out, under most adverse conditions, every one of the difficult treatments ordered. An unbroken home is the result of the good work of a visiting nurse to whom "public health nursing" means care of the family situation as well as nursing care of one patient.

In another home, Granny, aged ninety, has had her operation for double cataracts and for the first time in six years, reads her newspaper, printed in a Scandinavian language, and has seen her little grandchild. The slight nursing care and the tremendous amount of persuasion and planning needed here have brought an incredible amount of happiness. The

married daughter thinks that the operation performed a miracle, which it did, but the old grandmother knows that the visiting nurse who spoke to her in her own tongue and whom in her blindness she felt so carefully, from straw sailor to Eton collar, was the magician who did the trick. The eye surgeon did a great deal and so did the hospital in which the old patient lay delirious for nearly six days, but there are many links in the chain of workers which carries our sick people through their various complications, and few but the nurse would have had courage to urge such an operation in such a situation as this.

In still another home, where in one room the mother was supposed to be dying with a severe cardiac disorder, and in another a fourteen-year-old boy was fighting for life, a case of pleurisy and empyaema following pneumonia, the visiting nurse gave what we call "chronic" nursing care to the mother and general nursing care to the boy. She taught the little twelve-year-old girl how to make oatmeal, gruels, meat stews and special drinks for both her mother and brother. In time the boy improved so that it was safe to remove him to the hospital and operate. Good news from the hospital was the tonic that the desperately sick mother needed and the family is still re-united, the boy at home, well and going to school; the cardiac mother still an invalid; nevertheless one hundred per cent better. The amount of nursing care and teaching in this home used to take fully two hours daily when the family first came to us.

What Money Cannot Buy

ANYONE who understands the value of good nursing, who has seen nurses work quickly, deftly and silently, doing the disagreeable as well as the agreeable things with equally little fuss, realizes that there are nurses and nurses; that good women may be poor nurses because they have had all of their nursing

teaching and practice in poor hospitals, and that good nurses may come out of a commercialized, heartless, unethical institution, with quite marvelous skill in their hands but with precious little love for their work in their hearts. One reason, perhaps, why nursing is so little understood, is because it looks so simple when one knows how to do it. It is physically hard work, but the mental strain upon the conscientious visiting nurse is tremendous and this is almost invariably under-rated. People expect such nurses (who, after all, are neither mothers nor Sisters of Charity), to give for money what others give only for love or as a consecrated service. Some nurses do this; others cannot. Whether they give the best kind of service with the finest sort of spirit or not, depends very largely upon the atmosphere of the hospital in which they had their long training. A good mother can do a great many things for a girl but she cannot always make it possible for her to give unselfish service when her hospital has, for three long years, set her the most despicable kind of an example. Money will not buy loving service, although some of us think that it will.

Just the other day a woman walked several miles to a visiting nurse association office to ask for a special nurse whom she had known eight years before, when her little boy was born, and who is still on the staff and a supervisor. She had something which must be told that nurse and no other would do. Just by chance, the nurse happened to be in the office and the mother knew her instantly. The patient had nearly died after her baby's birth and she had always believed that this particular nurse had saved her life. Now that the son was eight years old and in school and had been told by the family doctor, his school nurse and his school physician that his tonsils should come out, the mother had walked to the visiting nurse association office to look up the first nurse, who had been so good to her,

to ask her advice. Her husband was out of work, she had no money to spend for car tickets, but she had remembered a friend and in spite of the expert advice and care that had been offered her, she would have none of it until she had talked things over with the nurse who meant so much to her.

There is a public health nurse doing quite remarkable work among her own people, who worked her way through high school and through the hospital, because her first recollection of anything in America was the presence of a big woman with a black bag, who came into their home two days after they reached America, and cared for her mother and the new little brother who had come the night before. As she says now, "We did not have such women in Russia; we did not know what it meant to have people come into our homes to give service and not to demand it. Not one of us spoke a word of English and the nurse knew no Russian but she knew how to smile and her hands were almost as expressive as ours, and within a few days we knew just what to have ready, just what she would do and just how displeased she would be if we waked the baby or disturbed my mother. I made up my mind then and there that America was the finest country in the world and that women that the Americans called 'nurses' (which is the first word of English I learned), were the finest women in America and that one of these days I should be a nurse." Probably there are just as many women in nursing today for this reason as for any other. Emerson's lines:

"Nor knowest thou what argument
Thy life to thy neighbor's creed hath lent,"

expresses, perhaps, one of the greatest truths of all the ages.

Just as good nursing is appreciated because it has been given by good nurses, just as any amount of splendid, constructive family health work has been accomplished in quite impossible homes because good nursing

work and no questions asked, preceded the gift of somewhat unwelcome instruction, so poor nurses here and there cause our finest efforts to fall on stony ground or to be underestimated. If, however, we were able to take a census, if we really understood what "bedside care" had accomplished in the homes of the small wage-earner, the poor, the middle class, there would be no question in the minds of many of us but that bedside nursing is just as essen-

tial a part of a good public health nursing program as instruction, supervision or prevention. It is by no means the whole program, as a few people seem to think; it is only one of the most useful tools, perhaps the trowel or the derrick, as the case may be, which puts the corner-stone in place and which enables the builders of better health for individuals, families and communities, to proceed with their work.



A KENTUCKY SETTLEMENT NURSE

The nurse at Line Forks Settlement, Pine Mountain, Kentucky, mounted on "Queen", on her way to her patients. Taken on the top of Pine Mountain.

Below, the cabin in which she lives. The interior with its fireplace and cunningly contrived conveniences is charming. Pine Mountain is seen in the background.



SOME WAYS OF DISPENSING HEALTH EDUCATION*

A Few Ideas along Educational Health Lines which May Be Helpful to the Nurse in Industry

BY ELIZABETH WHITTY, R. N.

THE following may be suggestive, as ways in which health education can be dispensed to employees of an industrial concern:

1. By Co-operation of Manager.
2. By Bulletin Board Service.
3. By Short Health Talks.
4. By Demonstrations.
5. By Pamphlets.
6. By Small Loan Library.
7. By Dental Clinics.
8. By Co-operation with Department Heads.
9. By Inspection and Suggestions for Correction of Health Hazards.
10. By Co-operation of Restaurant Managers.

1. *Co-operation of Manager.* First of all it is necessary to present to the employer, preferably in writing, a brief outline of plans for health education, in order to gain his interest, sympathy and co-operation; without this, the work will not be a success.

2. *Bulletin Boards.* These give many opportunities for presenting health education in varied ways, such as, clippings, pictures, bulletins from the National Safety Council and other health organizations; information written up by the nurse on health subjects, such as care of clothing and dishes when there is contagious disease in the home, proper diet to promote growth of bones, teeth, etc., of growing children. When it is desirable to attract special attention to a bulletin, colored paper can be used, or any original form which will accomplish the purpose of attracting attention of the employees to the boards.

3. *Health Talks.* These may be given by the doctor, nurse or some other specialist, such as a dentist, physical culture director, dietitian, etc. They should be brief and interesting, and should not be given on

the employees' time; and effort should be made to persuade the management to allow a few minutes for such talks after the lunch hour, or at some other time; for as a rule it does not seem to be very popular to arrange talks in the employees' time.

4. *Demonstrations.* Artificial respiration, method of placing injured person on a stretcher, applying a splint, controlling nose bleed, applying a tourniquet, etc., are valuable to demonstrate. A class in Home Nursing and Hygiene can be arranged for one evening a week, if the women employees are sufficiently interested.

5. *Pamphlets.* Leaflets and other literature on health, which can be obtained from the various national, state and city health departments, may be distributed. Select the literature carefully, with a view to the needs of the individuals to whom it is to be given; for example, if a man has a child with a weak heart, give him literature from the Association for the Relief and Prevention of Heart Disease; to the girl who is run down, give diet slips, etc. It is a good plan to place an occasional leaflet in the weekly pay envelope—but not too often—choosing health subjects, such as patent medicines, rating of dairies in the city according to statistics from the health department, or any subject which will interest the home people as well as the employee.

6. *Loan Library.* It is well to have a small supply of carefully selected books on health matters, provided by the firm, and which can be loaned by the nurse as she sees the need or the desire for information along certain lines. Care should be used in loaning, and in the selection of employees to whom the loan is made.

* Paper read at the March meeting of the New England Industrial Nurses' Association.

7. *Dental Clinics.* Try and interest the management in the need for dental clinics or some provision for the care of the teeth of employes. A dental hygienist might be secured to give a short talk to the employes on the subject of mouth hygiene. Interest the children in the homes also on this subject, working here in connection with the school nurse.

8. *Co-operation with Department Heads.* Talk over methods of health education with the department heads. For example, try to interest the office manager to give at least ten minutes daily for physical exercise, such as Walter Camp's Daily Dozen accompanied by Victrola music; during this period, open the windows so as to change the air in the room. Talk to the yard foreman on the need of placing the man who has had a back strain, or the employe who has a rheumatic tendency, on the right job for a few days, and the need for the proper work conditions. Suggestions made in writing to the heads of departments, after talking with them, tends to make them take more notice of the workers and their needs, and of their own promises to the nurse.

9. *Correction of Health Hazards.* After inspecting the factory or the plant, hand in written suggestions to the management on correction of health hazards, such as improper heating, lighting, ventilation, damp work places, unsanitary practices.

10. *Co-operation of Restaurant Manager.* If there is a restaurant or lunch room, co-operate with the manager; suggest suitable menus, if there is not a trained director in charge of that branch, and if there is, work with her to the best advantage, telling her of the need for special diet in some cases, and of necessity for supplying extra lunches, and what a particular employe most needs to better his physical condition. The nurse's knowledge of the workers will enable her to be of great help in this way, and she herself will incidentally learn a great deal from the trained worker regarding food values, preparation of food, arrangement, etc. Suggest to the management the need of extra diet for some workers; some may need a glass of milk, others a stimulant, such as beef tea, others a sandwich, and so on.

There are many ways of presenting Health Education in such fashion that the employe does not realize that he is being educated, and it remains for each individual nurse to plan the way that will best accomplish her purpose: one may be able to work it out in a way which would not be at all satisfactory to another. It is by getting together and talking over the various methods and experiments that the greatest success may be achieved in this direction.

MORE ABOUT PACIFIERS

As directed by the Joint Boards of Directors of the three National Nursing Associations, letters signed by the three presidents were sent to the manufacturers of rubber sundries calling attention to the harm resulting from the use of pacifiers and long tube attachments for feeding bottles, and asking that the manufacture of these be discontinued. All but one of the manufacturers either has discontinued or will discontinue making these articles. One manufacturer referred the request to the Rubber Sundries Division of the Rubber Association of America. The request was considered at the annual meeting of the Division, and an expression of sympathy with the movement was recorded and the opinion expressed that a general educational campaign was needed because the small specialty manufacturers often made such articles, and furthermore, some were imported. This co-operation from the manufacturers should give new impetus to our efforts to insistently teach our mothers the harmful results of pacifiers.

DENTAL CARIES

The Fifth Article of This Series Tells of the Probable Causes and Methods of Prevention of Dental Caries (Decay)

BY WILLIAM R. DAVIS, D. D. S.

Director, School of Dental Clinics, Flint, Michigan

DENTAL caries may not be the most serious ailment of mankind but it is probably by far the most common and surely may lead to very serious consequences. Some painstaking investigation has been given this subject in the past and it is certainly today receiving most thorough consideration by some of our best dental scientists; so that we hope the day is not far distant when all the factors of tooth decay will be known and the sure methods of prevention.

We are hearing some positive statements today but unfortunately they do not all agree. One lays it all to a diet of too much starch, sugar and soft, sticky foods and says, "Cut out the sweet stuff, remember that 'a clean tooth never decays' and brush the teeth after each meal." Along comes a popular writer on health topics for the daily papers, who says that the tooth brush is a breeding place for germs and its use a filthy habit which people of refined tastes should eschew, and that it has been proven that decay of teeth can be caused or prevented by the withholding in the former and insertion in the latter of certain vitamins in the diet. And just off the press comes a book from a prominent medical professor who is devoting his attention to endocrinology and who seems to think that nearly all the ills of mankind, including dental caries and irregular teeth, come from improper function of the ductless glands. He even has classified the teeth, according to his theory, into thyroid types, renal types, pituitary types, etc. Now what is the poor layman to believe or to practice with such a conflict of ideas from the experts?

Well, I would not be surprised when all the data is in if we shall find that

all these theories are partly right and partly wrong, for probably there is some truth in them all. Dr. Miller, an American dentist in Berlin, some twenty years ago made the first real scientific study of the subject and gave us the theory that has had pretty general acceptance in the dental profession since that time. He believed decay to be caused by the formation of lactic acid from the decomposition of starches and sugars and this acid held in contact with the tooth started the breaking down of the tooth structure and resulting decay. Hence the emphasis on cleanliness. However, while this theory may be essentially true, it does not tell the whole story. Some people who never used a toothbrush in their lives go to old age, or until their teeth fall out from pyorrhea, without a decayed spot in their teeth, and some others with most correct habits of cleanliness have a continual fight with decay. But this is no argument against the brush. Undoubtedly the teeth would have decayed faster without its use. It shows that some people have an immunity to decay and others a decided susceptibility. Study today is being given to these causes of immunity and susceptibility. Heredity, health, diet and perhaps glands all probably have something to contribute.

As to prevention from a practical standpoint today, I would urge the use of the toothbrush with a rotary motion. If used once a day it should be at night before retiring. Better still after breakfast and before retiring, and best of all after each meal. Do not scour cross-ways of the teeth with a stiff brush, as this itself can cause erosion and sensitiveness at the neck of the teeth, and receding gums. This is especially liable at the

angle of the mouth in the cuspid region. Use less of the soft, sticky breakfast foods and sweets and use more of the harder foods from whole wheat and rye, fresh fruits and leafy vegetables. Teeth were made to be used and are benefited by use. Mastication itself helps to keep them clean.

Remember, there is yet no absolute method of prevention, even though your toothbrush technique and diet conform to the latest word. The last word is yet to be said. In the meantime, frequent examinations by a competent dentist and early filling while the cavity is small is of the utmost importance. Too much stress cannot be given this point today.

Prevention today must stress not only cleanliness and diet, but the prevention of tiny cavities becoming larger ones. This can only be accomplished by the most careful examination and filling by an expert and even the dentist sometimes fails to find a cavity as early as he should. Teeth start to decay in the most inaccessible places most difficult to keep clean and sometimes most difficult to find.

The earlier it is found the more satisfactory and economical the correction. A cavity you can discover with the tongue has usually been going for some years and frequently has passed the stage for satisfactory repair.

SUMMER SCHOOLS FOR PUBLIC HEALTH NURSES

In addition to the announcement in the last issue of *THE PUBLIC HEALTH NURSE* of places where summer sessions for public health nurses will be held, we have received information as follows:

The University of Washington, Department of Nursing, School of Science, Seattle, Washington, is offering a six weeks or three months program beginning June 20th. General public health nursing subjects, with special emphasis on the nutritional aspects of nursing work. Director, Mrs. Elizabeth Soule.

The University of California is offering a summer session at its southern branch in Los Angeles, California, from June 30th to August 11th. General public health subjects. Director, Miss Edith S. Bryan, University of California, Berkeley, California.

Other summer sessions or institutes not connected with University departments offering the eight to nine months course in public health nursing will be held in various parts of the country. Some special subjects will be emphasized in each of these places as follows:

Health Education.....	The State Normal and Training School, Oswego, N. Y.
July 2nd to August 10th, 1923.	Address, Director, Sarah C. Olmstead.
School Nursing.....	The Pennsylvania State College, State College, Pa.
June 25th to August 18th, 1923.	Address, Miss Anna L. Stanley, Supt. of School
Nurses of the Dept. of Public Instruction,	Harrisburg, Pa.
Institute of School Hygiene.....	University of Omaha, Omaha, Nebraska.
June 25th to July 7th, 1923.	Address, Director, Miss Charlotte Townsend.
Maternal and Infant Hygiene.—Under auspices of the Child Hygiene Division of the State	Board of Health of Indiana, through the Department of Public Health Nursing, in
co-operation with the Children's Bureau, U. S. Department of Labor.	
Evansville.....	May 3-4-5
Hammond.....	May 17-18-19
Fort Wayne.....	May 10-11-12
Lafayette.....	May 21-22-23
South Bend.....	May 14-15-16

NOTE: In the announcement of Summer Schools which appeared in our April issue, the beginning of paragraph three should have read, "Announcements of summer schools have already been received in the N. O. P. H. N. office from some of the universities where nine months courses in public health nursing are offered", instead of "nine weeks courses" as it appeared.

PIGEARS

A True Story

BY ELIZABETH RATH

Visiting Nurse Association, Cleveland, Ohio

"YES, little mother, 'tis another baby girl." And the happy Hungarian father stooped over the voluminous white feather bed as he spoke and kissed the forehead of his little wife, almost buried in its midst.

A tired, contented smile was her answer, for the little mother was happy. Their third baby girl, born but a few hours ago, was peacefully sleeping and the parents were satisfied. For, as papa Dirko had said: "Boys bah, no, they are always bad. Should a boy be given us—so will we take it, but girls, they are best, for are they not good to help their little mother around the house? And boys, bah, where there are boys there is always a policeman at the door."

He called in Julia and Anna and held them up so they could peek at, but—Oh not to touch—the mite of a bundle cuddled beside the mother.

It was two months later and the little mother was standing at the table arranging the dishes for supper when Julia, the eldest child, burst through the doorway and excitedly exclaimed that papa was coming. "But mother he has a white cloth around his hand."

Just then in came the father with his usual smile for a greeting and, going to his wife, kissed the worried brow and said, "Our little mother is easily frightened by our chatterbox. 'Tis nothing but a scratch"—holding up his bandaged hand—"and 'twill soon be well." But she shook her head as she looked askance at the bandage.

After the frugal evening meal was over and the father had lit his pipe he called Julia to his side and said: "Little mischief, out behind the chicken coop there you will find many little green plants which many foolish folks call pigears, but which is a powerful medicine. Now go gather

some of the little leaves and see how quickly you are back, for papa must fix his hand so it will soon be well. Then our mother need not worry."

And while Julia gathered the leaves papa Dirko removed the bandage and showed the wound to his wife. It was scarcely more than a scratch and the wife admitted with a relieved sigh that, "'Tis not so bad, papa, but it will be hard for you to work, will it not?" And he answered, "Tush, little one, a scratch like that is nothing—a mosquito bite is worse."

When Julia brought in the weeds the father picked out the tenderest leaves and crushed them and placed them over the raw wound and re-applied the bandage. That done to his satisfaction and seeing his wife comfortably seated in a rocker nursing the baby, he lifted the two girls on his knee, and puffing away at the old corncob pipe, began telling them the old story of "Wanka," the bad old witch lady who lived in the Old Country many years ago.

The next night the hand was dressed again with the weed. The wound looked a little bit red, but,—"Phah, 'tis nothing," the father exclaimed.

However, the third day he came home early—tired, irritable, and flushed in face and his hand was held very rigid.

"Little mother, 'tis bad, this hand, today. I could not work, I feel so ill." And he slid down into a rocker standing near-by.

"We must dress it again and then a little nap—it will do me good."

His worried wife, with the babe in her arms went out to pick the weed herself so that she might find the tenderest, newest leaf. Together they removed the bandage and the wife, with tears in her eyes, exclaimed:

"Oh it's very bad, see the thick yellow matter all over your hand." And still holding the babe in her arms she wiped the discharge from the wound with her handkerchief and placed it, unthinkingly, back in the bosom of her dress where the little babe's head was resting. When the dressing was finished and the feverish father was tucked under the great featherbed, the wife went to consult her good neighbor and pour out her troubles.

Now the neighbor was wise as well as good and she told the wife of the big dispensary of a certain hospital where there were many good doctors to tell one what to do and the cost was very small. And so it was that the father's hand was treated at the big dispensary the next day and gradually the pain and fever left him. True, he now had a much larger bandage, for there were two more open wounds which the doctors had to make, but the hand felt much better and—there were no pigears on it.

The little family's troubles were not over, however, for that same night the father was awakened from his sleep by a smothered sob from his wife. "Little mother, what can the trouble be—surely not this old hand of mine—it is now almost well with the good doctors caring for it. Come, tell me what grieves you so," he said tenderly.

"Oh it's painful here," she sobbed, holding her breast, "and I cannot sleep—since morning it has been getting worse, and Jean—she will not nurse it."

The lamp was lit and the inflamed area examined, but both were at a loss as to what to do. He helped her back into bed and braced the side up with a pillow and gently rubbed her hot forehead until she fell into a fitful sleep.

The next morning the little mother was worse and she paced the floor in agony. When the father went to the dispensary for his dressing he told the doctor of his wife. The doctor told the man of the nurses who went

into the homes to teach and help people in their sickness and that he would send one. And thus it came about that the visiting nurse was sent into this home.

When the nurse came the mother was still pacing the floor and through the nurse's tender administrations the little mother was made more comfortable and then the city doctor was consulted.

The mother cried most all the day with the pain and the baby was cross and irritable, for its feedings were changed; and the harassed father felt that he must do something to relieve his wife. Suddenly a happy thought occurred to him. The weeds! the healing pigear weeds!—he had forgotten all about them.

He immediately went out and collected a good handful and going to his wife applied them generously to the affected part and bound them on tight. Later in the day the wife felt a little eased, but she said the dressing felt uncomfortable and when it was removed it was found that the ripened abscess had broken and was discharging freely. The father rejoiced accordingly, for he felt that it was the weed and nothing but the weed that had helped his little wife. Now if weeds had helped his wife so wonderfully, he thought, why wouldn't they help his hand to a speedier recovery? The doctor had never said *not* to use them, he only threw them away and said not to touch the bandage. So he removed the bandage and washing the thick substance off a few leaves that had been on his wife, he placed them on his healing hand and bound it up.

The nurse, making her call the next day, was greeted at the door with a broad, happy smile on the father's face and, "My little wife, she is much better." And it was then the nurse learned of the wonderful pigears and how the family used them.

With nimble fingers the weeds were quickly removed and with much patience the husband and wife were enlightened as to the mysteries of weeds and wounds and germs. Then

the doctor was again consulted and the little wife and babe were sent to the big hospital owned by the city.

Each day, when papa Dirko and Julia and Anna visited the little mother they found her better, but with baby Jean it was not so well, for she did not eat and all over her tiny body painful red lumps appeared and each day she grew worse. When the little mother went home again she went home without Jean, for Jean was with the angels.

The family's grief was intense. But with papa Dirko it was the worst. True, he had his wife back home getting stonger and his hand was almost well, but he missed the tiny, helpless babe and he grieved deeply—besides his small savings were practically exhausted and he was still too weak to go back to work. One evening as he sat on the doorstep, dreaming of the babe, he became

chilled and the little mother called in the nurse the next day. Papa Dirko was sick—very sick—and the little wife was not strong enough to care for him, so he was taken to a hospital and in a few days later he joined his baby Jean.

There is little more to be said, except that the heartbroken little mother and two children, by the comforting help of the charities of the city, are being gradually made to see that there is still something to live and hope for.

Now as I finish my story I will mention pigears again, for the combination of ignorance and pigears brought in no less than six of the welfare agencies of the city—namely: a dispensary, two hospitals, the visiting nurse association, city doctors and the Associated Charities—and the pigears won!

A NEW DEMAND ON THE PUBLIC HEALTH NURSE

The Tacoma Public Health Nursing Association is very young and consequently has as its major problem that of becoming better known to those who need its services. The association may well feel encouraged by the following recent incident

One day in January a man called at the office and said he wanted something done for his blackberry vines. "I don't believe this is the office you want," said the superintendent. "Yes, it is" he said, "My vines have some kind of disease and I think a health office is where I should get help." "Well, now, perhaps you can get advice of the Park Board next door. This is the Public Health Nursing Association, it is true, but we can't advise you on the matter of sick blackberry vines."

Yet after all, this man had the fundamental idea—that an association like ours has a service to render where disease exists.

It must be we are making some progress in our publicity work.

ENDOWMENT CAMPAIGN OF GEORGE PEABODY COLLEGE

George Peabody College for Teachers announced early in January the Greater Peabody Campaign for \$2,300,000, the sum needed for new buildings and endowment. One-half of this sum has been pledged on condition that the other half be raised. A very liberal provision has been made for the endowment of the Department of Nursing Education. If this sum is secured it will provide for the South a strong educational center where nurses may obtain preparation, not only for the field of public health but also for teaching, supervision and administration in Schools of Nursing.

NURSING CARE OF TUBERCULOSIS PATIENTS

*As Given in The University Public Health Nursing District,
Cleveland, Ohio*

BY R. ELEANOR GILLESPIE

Instructor in Field Service

THE most satisfactory place to care for a patient suffering with tuberculosis, as regards the best welfare of the patient himself, his family and the general public, is, in my opinion, a sanatorium.

In the University Public Health Nursing District this is always advised and encouraged after the physician has made the recommendation. It takes tact, cheerfulness, patience, understanding and optimism to persuade both patient and family that the routine care given in a sanatorium is the most advisable method of treating tuberculosis.

The first visit to the home is a very important one. The nurse introduces herself by name, explaining that the doctor has reported someone ill and has asked the Division of Health to have a nurse call. The method of procedure varies according to circumstances with which the nurse comes in contact. The patient may be either an adult or a child, he may be the father, or mother, or one of the children, he may be a single person making his home with relatives, or a roomer or boarder in the home. The nurse then learns the history of the illness, taking particular note of the following things:

Is the patient up or in bed, is he coughing or expectorating, does he have night sweats, amount of sleep, separate room or separate bed, and does he sleep with windows open? How is the appetite, kind of food and amount of milk taken during the day? The nurse should inquire what kind of work the patient has been doing, and whether there is any work being done in the home, such as sewing or baking for other people. She should observe whether the patient is careful or careless about infecting

others, what disposal is made of the sputum, care of dishes and personal linen, the possibilities for home care. Is there a yard or porch available, and what are the home conditions as regards tidiness, cleanliness, light and ventilation?

If the visit is made in the afternoon and the patient is up, it is well to take the temperature to see if there is any elevation. In this case the nurse will not come in contact with the patient, so it is not necessary to put on the apron, but she removes her coat, folding it with the outside out, placing it on the back of a wooden chair, opens her bag, takes out paper towel, soap dish containing ivory soap and linen towel. The paper towel she spreads out either in the bathroom or kitchen, placing soap dish and linen towel on it. After washing her hands, she takes another paper towel from her bag, spreads it on the table, placing on it the aluminum can containing cotton, haemostat, bottle containing alcohol 70 per cent and thermometer. The amount of cotton necessary is removed from the can with the haemostat and placed on the paper napkin. A cornucopia is made with newspaper and put in a convenient place. After the temperature is taken, the nurse *scrubs* the thermometer thoroughly with a piece of cotton wet with water and soaped with ivory soap, which she carries with her. If there is a coal stove the waste cotton may be put directly into the stove. If gas is used the cotton is put in the newspaper cornucopia and burned. The thermometer is then entirely wrapped in an alcohol pack and left for at least ten minutes before being returned to the case. The nurse then washes her hands again before re-

turning the utensils to her bag. The thermometer in its cotton pack may be wrapped in a clean paper towel before placing in the bag.

The family and patient are advised to carry out as nearly as possible the routine care given at the sanatorium, pending admission to that institution. This consists of ten hours sleep at night, with two rest periods in bed during the day, wholesome, well balanced, varied diet with at least a quart of milk each day, boiling the patient's dishes and bed linen, and burning the sputum. The nurse instructs the patient to cover the mouth when coughing, demonstrates how to use toilet paper to receive the sputum and how to make a cornucopia of newspaper to place the toilet paper in, which can be easily burned when filled.

If possible, it is advisable to place the patient's bed on a porch, but in the University District there are few

porches which can be used for this purpose, so the sunniest, best ventilated room in the house is chosen, and with the windows opened, and the bed placed in the best position it is converted into a fresh air room for our patient.

For an ideal way to prepare the bed for a patient sleeping out of doors, or in a very cold room, I will refer you to an article which appeared in *THE PUBLIC HEALTH NURSE* for December, 1920. It was entitled "Out door Sleeping," and was written by Miss Edna M. Foley, superintendent of Visiting Nurse Association of Chicago.

Bedside Routine

WHEN it is necessary for the nurse to give bedside care, she calls once or twice a week or as often as her judgment dictates. In preparing for this she goes through the same routine as she did when she



An examination at the Clinic

was only taking the temperature, but after washing her hands she puts on her apron before going to the bedside. While she is taking the temperature some member of the family is getting the wash bowl, soap on a dish and clean linen ready and seeing that there is plenty of hot water for the patient's bath. A newspaper is placed on a chair for the wash bowl and soap dish, and another newspaper on another chair to receive the soiled bed linen. The bath water is changed several times and is always emptied into the toilet, the family's attention being particularly called to this. Special attention is given to bony prominences and red spots, rubbing them with alcohol to avoid pressure sores. If sores have already formed, they are dressed according to the attending physician's orders, the nurse using her haemostat and cotton which she has boiled in the small basin from her bag. Rubber air rings are used when necessary. The hair and teeth are taken care of and the bed made. A newspaper cornucopia is pinned to the side of the bed, a chair is arranged as a bedside table containing squares of toilet paper to receive the sputum. The soiled linen is placed in a large pan or boiler containing water and washing powder, and is boiled immediately or, if more convenient for the family, a little later in the day. Then the room is made tidy and the windows opened.

The nurse then washes her hands again, returns her utensils to her bag,

removes her apron, folding it with the outside in, before putting it in the bag. Notes of the patient's condition are made in her note book, and on the bedside notes which are left in the home.

By this practical demonstration, the member of the family who will be the attendant during the nurse's absence, is given instruction in how to care for the patient, and also, how to take the necessary precautions, the nurse especially emphasizing the importance of washing the hands after doing anything for him or touching anything he has handled.

Not the least of the nurse's duty in caring for a tuberculosis patient is the responsibility of getting the contacts examined. This is one of the most difficult tasks we have to accomplish, and it is not always possible to convince the family that it is necessary for those who appear well to have an examination. But the nurse is persevering, continues her efforts, and usually succeeds in getting at least the younger children either to their family physician or to the tuberculosis clinic.

We try to visit each patient once a month and those who are acutely ill or waiting for sanatorium care as often as necessary. A person with pulmonary tuberculosis is never discharged unless he moves out of the city or dies. And in any case the contacts are kept under observation for five years before their names are removed from the nurse's books.

HEALTH WORK IN THE SAN LUIS VALLEY

How Station-to-Station Clinics Were Promoted by the Joint Effort of Four State-Wide Health Agencies

BY ELLA CYRENE BAKKE

Publicity Secretary, Colorado Tuberculosis Association

IN THE southern part of Colorado, where the Spanish named peaks and ranges still savor of earlier history, there lies, apparently undisturbed by the rest of the world, the peaceful San Luis Valley. Known far and wide for its agricultural productivity, its picturesque resorts, its bountiful trout fishing, its thoroughbred stock and its "Stampede" celebrations, there is little wonder that one should find a varied and interesting population. The quaint adobe dwelling speaks for itself—it is the habitat of the Mexican laborer; and the imposing looking house on the hill suggests the dwelling place of true Castilian aristocracy. The natural resources of the valley attract the adventurer and the speculator, and the prosperity and competition there inspire him to remain. The increasing population and business opportunities bring the professional man and his family. The desire for better educational advantages invites a high type of educator to superintend the best consolidated schools of the country. The imports and exports of the valley demand a railroad terminal, which is accompanied by a large floating population. The cool mountains and the warm sunshine offer a promising haven for persons who are ill.

It is not surprising that such a setting should have inspired the concurrent effort of the four state-wide agencies which have been promoting station-to-station clinics in various sections, to conduct such a clinic, combined with a health conference, in the San Luis Valley. The agencies represented were: The University of Colorado, the Colorado Child Welfare Bureau (which administers the provisions of the Sheppard-Towner Act), the State Board of Health

and the Colorado Tuberculosis Association. The advance work for the conference was done by a representative from the University because it seemed psychologically advisable for an educational institution supported by taxation to make the first contact. Three towns were chosen: Del Norte, Monte Vista and Alamosa, ranging in population from one to three thousand. After interviewing the local physicians, nurses, club women, business men, editors and other influential citizens, the advance worker reported: "Not a single word of opposition in all three towns. The San Luis Valley is eager for a health conference. The fifty dollar guarantee for local expenses is assured without a question."

With the services of a child specialist from Denver, one nurse, one nutrition worker, two representatives from the Child Welfare Bureau, and the manager of the Conference, a day's program was prepared for each town. The morning from nine to twelve was occupied with physical examinations of infants, pre-school and school age children. Under the supervision of the manager and the local chairman, the examinations were made possible as systematically as in any highly organized clinic. The parents with their children were received by local women, histories taken by a member of the Child Welfare Bureau; the weighing and measuring was done by local nurses, if possible, and the percentages reckoned by the nutrition worker from the Tuberculosis Association; the physical examinations were made by the visiting specialist, assisted by local physicians; the findings and recommendations of the physicians were discussed with the parents by the nurse from the State

Board of Health; and the final records were made by the Child Welfare Bureau.

The afternoon program consisted of short talks by members of the Conference on special phases of child health, such as: the Colorado plan for maternity and infancy, emphasizing the need of education for parenthood; school and community nursing; and the care of crippled and defective children. A summary of the morning's examinations was given by the specialist and an opportunity was given to ask questions and to discuss individual problems. Most of the mothers whose children were examined were given further instruction in feeding their infants concerning diet in the first and second years and the care of the malnourished child.

In the evening, the medical phase was again discussed by the specialist. He stressed the fact that the neglect of children is commonly evidenced by decayed tonsils and adenoids, carious teeth and similar defects which lessen their chances for growth. The manager of the Conference, being the secretary of the Bureau of Community Organization at the University, spoke on "What a Health Conference Should Mean to the Local Community." He made several suggestions for a permanent health program, such as a community nurse, nutrition classes for malnourished children, a generalized nutrition program in the schools, infant welfare stations or children's clinics.

The Conference closed with a stereopticon lecture on "Nutrition for Children" by the nutrition worker from the Tuberculosis Association. Dr. William R. P. Emerson's slides were used. The causes and signs of malnutrition were illustrated and remedies were suggested, particularly the removal of physical defects, the extra luncheons and rest periods. The slides visualized for many of the parents the deformities of their own children which could have been prevented.

A comparative summary of the

statistics showed the similarity of conditions in the three communities and brought out the proportion of children under weight and physically defective.

These findings could not be considered exactly representative of the community because some of the children were suspected of being underweight and were brought in for this reason. But assuming that the number selected equalled the number not selected, the number with physical defects and malnutrition is proportionately large. In one town, where one entire school grade was examined and which had not been selected, 67 per cent of them, or over two-thirds, were malnourished. These children were a pitiful sight. One did not have to pick them out singly in order to emphasize their condition. As a group, they were typical of the worst physical conditions in childhood. Their wide-eyed, joyless, serious little faces haunted one, as did their over-fatigued, emaciated little bodies. They were actually lifeless in appearance, as they walked from one department of the clinic to the other; they did not have the strength to walk as children should, but laggardly dragged one foot after the other. Some of them were Mexican children, but many of them were not. When one reads about the starving children in foreign lands, the malnourished children of Russia, it is pitiful, but when one faces such a condition in a land where a remedy is available, it is disgraceful!

But the health conference is beginning to show results. In Del Norte, Monte Vista and Alamosa some action will undoubtedly be taken by the school and other authorities.

Surely the value of such a conference cannot be questioned. When twenty-one local physicians and at least one hundred townspeople voluntarily express their willingness to promote such a project, they are in a position to demand local attention to this matter of their children's health—and they will!

A HABIT CENSUS OF SCHOOL CHILDREN

*Some Ways in Which such a Census may Help to Bring About
Correction of Physical Defects; and Suggestions as
to Data Which May be Included.*

BY HAROLD B. WOOD, M. D., DR P. H.

A SCHOOL nurse is indispensable to the welfare of the school children but her effectiveness is determined by the practicability of her activities to accomplish results. Her opportunities are legion. The field is enormous and when cultivated will yield abundant harvests.

The possible activities of a school nurse may be developed along the following lines, which development, to be successful, necessarily includes a certain amount of follow-up work in the class-room or in the home:—

1. Assisting the school doctor in the examination for physical defects.
2. The inspection for communicable disease.
3. The holding of clinics or giving first-aid.
4. The development of correct personal habits.

The correction of personal habits of the children is the most distinctive nursing service of any of the school public health activities, the other activities being more or less medical in aspect; it is easy of development and, when correctly undertaken, will yield excellent and permanent results. It must be undertaken, however, with considerable judgment and tact. In undertaking this work nothing must be said nor suggested which will be taken as a criticism of any child or of the parents; nothing should be asked which the nurse would not be willing to have asked of herself in public; the bounds of propriety must be maintained and questions asked must necessarily be group questions and the information obtained be mass data which are not dependent upon local family conditions or circumstances. I do not believe school children should be asked how often they take baths or go to the toilet, any more than they should be asked about sex habits. Each of these is

entirely too personal to be broached from the individual standpoint in school—each is dependent upon many family conditions, including parental circumstances, intellectuality and example. Children should, however, be given advice along these lines in the proper way and time, but without any personal references whatever; the home and not the school-house is the better place to attack these questions as personal habits.

The habit census may be divided into two sections, one pertaining to the habits of bodily care and the protection against infectious disease, and the habits of diet. The census serves merely as an indicator of the needs of the children and what has been accomplished through the instruction given them. Little is gained by a census unless the children at the time are told how far short they are of sanitary and correct habits and what they need to do to improve. For some years schools have been teaching hygiene, but little has been done to determine what actually has been accomplished by that instruction. A terminal written examination by the class merely shows what they have learned and gives no indication of what good that learning has done. This result of the didactic teaching may be determined with reasonable accuracy by a census obtained by questioning the children in the classes. A repeated census at the end of three or six months will serve to remind the children of their individual needs and will show what permanent good has been gained by the previous talks. The results of the census are expressed in percentages; the goals to be reached are either zero or 100 per cent, depending upon the form of the question.

The data to be gathered in a habit census are variable and depend partly upon local conditions, age, nationality, parental teaching and previous efforts in census work. When questioning children about various symptoms, the causes of, and methods of relief from the symptoms should be explained in a way which the children can grasp.

A Sample Census

A CENSUS obtained by the writer, as health officer, by questioning 624 children in four grade schools in Dodge City, Kansas, gave the following illuminating percentages:

	Per Cent
Sleep with open window (April).....	84
Use toothbrush daily.....	50
Regularly wash hands before eating.....	95
Use individual towels at home.....	16
Use individual hairbrushes.....	32
Use toothpicks regularly.....	78
Have occasional toothaches.....	32
Have occasional headaches.....	52
Eat cereals for breakfast regularly.....	66
Eat fried meat for breakfast daily.....	18
Drink milk regularly every day.....	72

Drink coffee daily.....	16
Eat eggs daily (mostly fried).....	72
Eat green vegetables every day.....	49
Eat bread and butter daily.....	88
Eat fried pancakes every day.....	20

In explanation of the above figures it may be stated that these children previously had been given talks upon the open window, daily use of toothbrush, washing the hands, and the value of drinking milk. A comparison with earlier census figures shows marked improvement. The physical examinations showed that twenty-four per cent had defective vision to the extent of a Snellen vision of 20/30 in either or both eyes, and eleven per cent a vision of 20/40; and that forty per cent had carious teeth. Ten per cent had had teeth filled by dentists and eight per cent were found to be wearing eyeglasses when first examined.

The habit census has distinct and obvious advantages; its accuracy is within practical reliability when carefully obtained; it is within the domain of the public health nurse.

A PATIENT THAT COST \$15,000

An inmate died at the Minnesota School for Feeble-Minded at Faribault last April who had been a bed patient for thirty-five years. This patient lacked any form of intelligence and was paralyzed so that she could not move hand or foot.

She could not even raise her head, and had to lie in the same position until moved to another by an attendant. She had to be fed and waited on like a week-old infant during all these years.

Considering the large amount of attention required by this patient, she cost the state during her lifetime not less than \$15,000.

There are three families in this same institution with six children each, two with five children, and twelve with four children each. These seventeen families are costing the public approximately \$20,000 a year.

The children are all under 21 years of age and are likely to remain wards of the state for many years. Every ten years they remain means an expense to the state of \$200,000.

The first hundred inmates who are still in the institution at Faribault have cost the public in round numbers \$800,000 to date. As their average age is 48 years, it is reasonably expected that the state will support them on an average of ten years more, bringing the total cost of this little group up to over \$1,000,000.

The Northwestern Health Journal.

ACTIVITIES

of the

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

WHAT SERVICES DOES THE ORGANIZATION OFFER ITS MEMBERS?

V.

The Eligibility Department

BY PEARL H. BRAITHWAITE

NOTE: *The fifth in a series of articles describing the services provided by the various departments of the Organization. The series began in January.*

The article in April, by Frances V. Brink, Field Secretary, was, by an oversight, numbered III instead of IV, and headed "The Statistical Department," instead of "The Field Department," though the article, of course, described the latter.

WHO has not paused to observe building operations? First the excavation, next the foundation, then the walls and finally the roof appears. We soon see that each step in these operations is governed by the purpose for which the building is to be used. Some pegs and a bit of rope will anchor a tent. At the sea shore bungalows rest upon the sand; wooden piling seems sufficient to insure their position. Large industrial plants spread over acres of ground. The foundations of these buildings are constructed to carry the weight of tons of machinery. The Equitable Life Insurance Company of America is preparing for the erection of a new office building—just across the street. During the past six months we have been watching the work of excavation. At a depth of 54 feet it is still in progress. This preparation is for a foundation which will support an office building of 20 stories.

The architects, the builders, the owners, what guide have they for their operations? The tenants, what have they to assure them that the building will answer their purpose? The passers-by on the street—what assurance have they that the building may not be a menace to their lives?

The experience of the past governs building operations of the present. For the guidance of the architect and the builder and for the protection of the public we have laws regulating the erection of buildings. Now and then we have a calamity which with a shock shows us sometimes the inadequacy of a law, sometimes the wrong interpretation or the actual evasion of it.

Building operations in the field of nursing have been guided for 29 years by the National League of Nursing Education, and by the American Nurses Association for 25 years. With the state associations these organizations have patiently and unceasingly labored to obtain state legislation covering the practice of nursing. A little more than ten years ago the third national organization came into existence and was christened the National Organization for Public Health Nursing. The National League of Nursing Education and the N. O. P. H. N. base their membership requirements upon a minimum of fundamental technical training for nursing, regardless of the individual state standards which are not uniform. State registration is made an additional requirement. It is hoped that the time may come

when no state standard will fall below this minimum.

Twenty-one years ago the first state law governing the practice of nursing was passed. Now forty-seven states, including the District of Columbia, have such laws. In fact there are only two states without a nurse practice act at the present time. These state laws are uniform only as to points covered. For example: with a few exceptions, each state law includes a clause covering preliminary education, and all have a nurse training school requirement. The latter is variously expressed. Thus the candidate for registration must be a graduate of "a registered school," "a recognized training school," "an accredited school," "a school approved by the Board," "a training school connected with a general hospital," "an approved school connected with a special hospital or infirmary, or a general hospital," "a general hospital having a capacity of at least 25 beds," "a school connected with a general hospital or sanitarium," "a chartered general state or special hospital in good standing," "a school connected with a hospital and registered with the Commissioner of Education."

It is interesting to note that in the state which has in its Nurse Practice Act this last named provision, there are on its 1922 list of accredited schools for nurses, several connected with a hospital having a daily average of 12 to 15 patients, and no affiliation with a larger school. Of 1265 training schools for nurses accredited by Boards of Examiners for Nurses in 42 states 18 per cent are connected with hospitals having a daily average of less than thirty patients (4 to 29) and have no affiliation with another school. In a majority of instances the interpretation of what constitutes an "approved," "registered," or "accredited" school for nurses rests with the State Board of Examiners of Nurses. The interpretations are many and varied. In addition to this, a school may be on the accredited list one year and off the next. It would

be a very fine thing indeed if the "R. N." always meant that the nurse had received a fundamental technical education equal to, at least, the minimum stated in the membership requirements of the National League of Nursing Education and the N. O. P. H. N. However, this point has not yet been reached, and there are many states whose standards fall below the minimum. Perhaps the lack of uniformity in State Nurse Practice Acts is of sufficient interest to be brought before the Commissioners on Uniform State Laws.

In an endeavor to uphold a minimum standard, and to give each nurse an opportunity to show what her individual training has been, the N. O. P. H. N. has based its nurse membership requirements upon a minimum of fundamental technical education for nursing. Through its Committee on Eligibility the N. O. P. H. N. discusses with each nurse applicant for membership the question of foundation in this building for public health nursing. If the foundation does not meet the minimum requirement, the nurse is advised as to how she may strengthen and repair it, before adding to the superstructure. In the discharge of its duties over a period of ten years, the Committee on Eligibility has collected information covering the general content of courses in training schools for nurses in the U. S. A. and foreign countries. Much of this is information not to be found in printed form.

Perhaps it may be of interest to summarize briefly the service which the N. O. P. H. N. offers through its Eligibility Department, to:

1. Individual nurses.
2. Those administering public health nursing work.
3. Directors of courses in public health nursing.
4. State Branches of the N. O. P. H. N.
5. Other organizations, state and national, and groups interested in public health nursing.
6. The Community as a whole.

1. Individual nurses may use the N. O. P. H. N. office as a repository for all credentials covering their professional work. This is a service

of especial value to the nurse whose school is out of existence, or located in a foreign country. She may obtain advice regarding the fundamental technical education for nursing. Sometimes she learns for the first time that State registration laws are not uniform, and their provisions covering training sometimes fall below the membership requirements of the N. O. P. H. N.; that a post graduate course in public health nursing has a very definite value; is not designed to take the place of fundamental training; but is the superstructure which must rest upon a firm foundation.

2. Those administering public health nursing work—boards of directors and superintendents of visiting nurse associations, boards of education, state and local boards of health, industrial concerns, and all other employers of public health nurses may obtain information as to the standing of their nursing staffs in relation to the membership requirements of the N. O. P. H. N. To those who are corporate members of the N. O. P. H. N. this eligibility rating is issued annually.

3. Directors of courses in public health nursing may have the assistance of the Eligibility Department of the N. O. P. H. N. when in doubt as to the fundamental technical education of an applicant for admission to the post-graduate course.

4. State Branches of the N. O. P. H. N. may have representation through the chairman of their membership committee on the State Advisory Council of the N. O. P. H. N. Committee on Eligibility. The facilities of the Eligibility Department are thus available to State Organizations for Public Health Nursing.

5. Other organizations—state and national—and groups interested in public health nursing may have the service of the Eligibility Department in accordance with its ability to meet their requests. For example, when the Committee on the study of Public Health Nursing Education of the Rockefeller Foundation was begin-

ning its work it placed a research worker in the N. O. P. H. N. office to obtain from the credentials file certain information which was desired. In collecting individual credentials the Eligibility Department has abstracted and compiled general and special information about the content of courses in both home and foreign schools. Such information obtained during the year 1922 alone covered 54 home and 18 foreign schools, about which no information in printed form had been found. It is thus that the N. O. P. H. N., through its Eligibility Department, is making its modest contribution in the interest of the fundamental technical education of women in nursing.

6. The community as a whole is served when the N. O. P. H. N. examines the foundation upon which the individual nurse builds for public health. By measuring each nurse applicant's fundamental training by a minimum standard as expressed in its membership requirements and those of the National League of Nursing Education, the N. O. P. H. N. places itself in a position to guard against the inadequacy of a state law, the wrong interpretation or actual evasion of it.

NEW APPOINTMENTS TO THE STAFF

We are happy to announce our good fortune in securing Miss Theresa Kraker as Assistant Director. She is known to many of our members because of her recent work in connection with the Study of Visiting Nursing. Miss Kraker has had a variety of experience, which includes work with two state departments of health, special child welfare nursing and special infantile paralysis aftercare; a county public health nursing program which necessitated the amalgamation of existing work as well as the development of new work; the course at Teachers College, and work with a large city organization. We are looking forward to her work as a member of our official family.



*The New Poster Series Known as "Public Health Nursing Exhibit".
It may be obtained from the N. O. P. H. N.,
370 Seventh Ave., New York City.*

We are glad to announce the appointment of Miss Maria Bates as Statistician. Miss Bates is a graduate of Simmons College, and received her statistical training with Dr. Dublin at Yale; since which time she has done statistical work for the Bridgeport Visiting Nurse Association. We welcome her advent and hope for much from her enthusiastic study of our statistical files.

SPECIAL ANNOUNCEMENT

"Membership Month" will unquestionably result in a much increased enrollment in the N. O. P. H. N. But because so many letters have been received in the headquarters office, stating that solicitor members are planning to take advantage of some early date in April when a special nurses' meeting or Health Officers' conference or a rally of the Women's Clubs is to be called, it has been thought best to postpone the announcement of returns from May to the June issue of THE PUBLIC HEALTH NURSE.

A NEW POSTER SERIES

is now available to those who are interested in public health nursing.

The set contains twelve cards, ten of which show the various phases of the public health nursing profession, and the additional two, the relation of the National Organization to public health nursing. Each poster measures 9 inches x 12 inches and is attractively printed in blue ink on buff colored cardboard with photographic reproduction in sepia.

All organizations or individuals interested in nursing, or more particularly public health nursing, as a profession will unquestionably wish to own a copy of this new series.

To be possessed of the information set forth on these posters is to have a real understanding of what public health nursing is.

The series, known as "Public Health Nursing Exhibit," may be purchased at 85 cents a set from the N. O. P. H. N.

PUBLIC HEALTH NURSING IN OTHER LANDS

Each month finds the album, "Public Health Nursing in Other Lands," richer by the contribution of additional photographs. A very excellent series of Polish pictures has just been received from Miss Mary E. Stebbins.



Undernourished Polish kiddies bringing home pasteurized milk.

Those who have done public health nursing abroad or who possess photographs of the public health nursing work conducted in foreign countries, are urged to send pictures descriptive of this service to the Publicity Department of the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.



A hand-made buggy for "the twins", Zakopane, Poland

LIBRARY DEPARTMENT—BOOK NOTES

Edited by A. M. CARR

NURSING AND NURSING EDUCATION IN THE UNITED STATES

Report of the Committee for the Study of Nursing Education, C. E. A. Winslow, Chairman: and Report of a Survey by Josephine Goldmark, Secretary.

Macmillan Co., New York. \$2.00

In "Nursing and Nursing Education" we have the eagerly expected report of the Committee for the Study of Nursing Education, appointed in 1918 by the president of the Rockefeller Foundation, written by the secretary of the Committee, Miss Josephine Goldmark. It comes to us as a cloth bound volume of between four and five hundred pages, and entirely apart from its scientific value, it is delightful reading from cover to cover. Miss Goldmark's literary style, her knowledge and grasp of the subject, her sympathetic understanding of nursing matters all conduce to excellence. It is a worthy presentation of the findings of a committee, the appointment of which has been of grave significance to the public health nursing movement.

An understanding of the history of the writing of this book is necessary if its importance is to be appreciated, for since 1916 public health nursing has been passing through a more critical period of its development than is probably generally recognized.

All wars have affected the nursing conditions of their day and the great war of our own time has been no exception to this rule. Growth in the public health field had been rapid before 1914, but after the first adjustments to the exigencies of military demands had been satisfactorily made, development was greatly accelerated, and the insufficient supply of properly equipped nurses created a difficult situation. As the various communities failed to secure the nurses they desired it was not unnatural that the existing methods of

nursing education were widely challenged.

Many solutions of the problem of supply and demand were suggested, most popular among them those involving short cuts to the desired end. A number of short courses were opened in various parts of the country, which claimed to fit young women without previous nursing training for the public health field in a few months of what was usually called intensive training. At the moment when this situation was most acute and when the shortage of young women entering the hospital training schools as probationers seemed most threatening for the future, the Rockefeller Foundation appointed a committee to "conduct a study of the proper training of the public health nurse." The committee was carefully selected and was composed of notable representatives of the nursing and medical professions together with other men and women of country wide reputation. A comparatively short study brought out the fact that it is impossible to separate the education of the public health nurse from the broader question of general nursing education, and a year later the scope of the committee was enlarged to include a "study of the entire problem of nursing and of nursing education, with a view to developing a program for further study and for recommendation of further procedure." The tangible result of these two years of study is Miss Goldmark's book, but we have not waited until 1923 to reap the benefit of the committee's work. From the day of its appointment, the knowledge that such a study was being conducted by so respected a group has had a steadying effect on everyone and particularly on those who in their desire for speedy accomplishment were prepared to advocate extreme measures.

The book is divided into two parts,

A and B, dealing respectively with the functions of the nurse and the training of the nurse. Part A is still further divided into three sections, the first dealing with the public health nurse, the second with the private duty nurse and the third, a short section, with the nurse in institutions. Part B treats of the hospital training schools, training courses for a subsidiary nursing group, the university school of nursing and post-graduate courses. In the present review we speak only of the public health nursing section, leaving to others better qualified the task of discussing other parts of the book, though in doing this we realize that no such separation is desirable and that the book should be considered as a whole, and each part read in relation to the others.

In Part A, Section 1, entitled Public Health Nursing, Miss Goldmark speaks first of the evolution of the public health nurse and the new trends in public health work, and gives sufficient space to past achievements to justify the wide scope and seriousness of the study. After a short explanation of the plan followed and the methods employed she passes on to an analysis of the function of the public health nurse, based on a series of field studies carried on in various sections of the United States and in one Canadian city. She tells us that the work of the individual nurse was scrutinized in forty-nine public health nursing organizations, in thirty-three different communities, problems of organization and administration being included in so far as they affected the nurse's work. These organizations were representative of every type of nursing, urban and rural, generalized and specialized, work administered under private control and that under public control. For this inquiry both lay and nurse investigators were employed.

A number of pages are given to descriptive examples of the actual day's work of nurses under a variety of conditions, with analysis of the

causes of success and failure. While a more roseate picture would have undoubtedly proved pleasanter reading for some of us, every experienced public health nurse will, we believe, be willing to grant the fairness of the presentation and the intelligence and insight shown in the analysis, though, in regard to certain of the deductions later drawn there will undoubtedly be a difference of opinion.

The chapter devoted to organization and administration will be of help and interest to every administrator, and to all those responsible for the development of public health work. In this chapter such questions as the relative advantages of public and private control, the cost per visit, adequate supervision, salaries, hours of work, the number of cases per patient and per nurse, and others of a like nature are clearly and ably dealt with.

It is, however, Chapter VI, entitled "Successes and Failures," which will be of most absorbing interest to those in active work either professionally or as board members. In this chapter Miss Goldmark and her committee enter a distinctly controversial field. In summing up the causes for success and failure Miss Goldmark and her associate workers base their judgment on five essential elements in the work of each nurse; her personality, teaching ability, nursing technique and social understanding, together with the organization of the work. Consideration of the first four elements, the attributes of the nurse herself, are treated largely through illustrations of the work of individual nurses, due understanding being shown of the difficulties of the nurse's path, her organization troubles and the lack of previous public health training, alas, still so universal in this country.

Various relationships next receive attention, that of the doctor and nurse and that of the social worker and nurse. Miss Goldmark then attacks the difficult problem of specialization and generalization. On this subject she speaks with no

uncertain sound, and in so doing she, of course, voices the opinion of her committee. She says, "In the course of our investigation the advantages for preventive work of generalized nursing as opposed to specialized were repeatedly demonstrated." Though a few practical details are mentioned, her conclusions are based for the most part on broad underlying principles and she wisely emphasizes as of vital importance the approach to the individual. "The essence of this problem" she says, "is plainly the approach to the individual, the contact." "How among the vastly increased conflict of motives, interests and objectives in man's modern life, shall we obtain for a given idea that degree of attention which is needed to give it some degree of permanence and to release its dynamic power? How shall we combat for a given object not only mental inertia, the natural human inclination to think only when we must, but also the active opposition of natural human prejudices in favor of our own way of life, however mistaken?" Miss Goldmark quite frankly admits the dangers of encroachment of bedside nursing on instructive visiting and does, on the whole, justice to the other drawbacks of a generalized system. "It is true" she says, "as illustrated in various visiting nurse associations giving bedside care, and it should be admitted at the outset, that the weakness of generalized nursing often lies in its too great emphasis on curative work alone to the detriment of the preventive. The necessary supervision of well babies, for instance may suffer when pneumonia is unusually prevalent, yet to admit this weakness is not therefore to deny the theoretical and practical benefits of the generalized system."

To some it would seem unfortunate that the committee's study seems to have included no city in which the various forms of specialized work are done under a single organization. A certain number of Miss Goldmark's arguments are, therefore,

directed against the disadvantages arising from the multiplication of agencies in a community rather than against specialization *per se*, the employment of special nurses for given types of work, and the reader might be lead to believe that only through multiple agencies can specialization exist.

While giving due credit to Miss Goldmark's singular openness of mind, certain of her conclusions may well be questioned in the light of experience. She says, "The bedside care it (the generalized system) offers and its stress on a local unit of work for each nurse are, in our opinion irreplaceable assets, opening doors to the nurse at which she knocks in vain with instruction only." Is the day not passed when a good specialized nurse knocks in vain at the doors of those needing her, and as our instructive work continues to grow, are there not very many homes in which no bedside care will be required either at the first contact or at any subsequent time?

Specialization has been carried too far in America, and the emphasis laid on generalization by Miss Goldmark will undoubtedly work for good provided its dangers and difficulties are not underestimated. It would seem to us, however, that the finality of the Committee's conclusions on this subject is somewhat premature. Few cities have maintained a generalized service for any length of time. Indeed one might go further and say that few cities are even as yet completely generalized. Yet from the report, the reader does not gain the impression that in the opinion of the Committee generalization is in an experimental stage, but rather that its success has been already proved and that its immediate and unlimited extension is desirable. Certainly no word of warning as to the danger of precipitate action in overturning old methods is to be found and in this omission a danger lies, for to many nurses and board members this report comes as a word of final

authority, admitting of no question or difference of opinion.

Though allowance is made for the part played by specialization in demonstrating certain phases of nursing care, no mention is made of the danger to painfully acquired standards of special branches of work by the withdrawal of the large groups of specialized nurses now giving to them a primary interest. Nor have all the factors involved received, perhaps, sufficient consideration. Stress for instance, is laid on the influence acquired by the nurse who knows her community and becomes beloved of her people through her unaided ministrations in a district, yet the labor turn-over common to all large staffs receives no mention, and no study has been made of the actual number of nurses which the director of an average generalized city staff is forced to send into a given home in the course of a year.

The interference with instructive work caused by the pressure of the necessity of bedside nursing seems in the light of a lack of a longer generalized experience, too lightly dismissed. Miss Goldmark says, "The possible over-emphasis on curative work is, in our opinion, a failure of administration, not of principle. It is the result of attempting in the generalized system to cover too large a territory with an inadequate force or without proper supervision by specialists which is admittedly indispensable to keep true the balance between the kind of services rendered." Can we put down to failures of administration the almost universal inability to secure budgets adequate for the expansion of this comparatively new form of health work, or place at the same door the impossibility of getting a sufficient number of properly qualified nurses? On another page Miss Goldmark says, "It is generally held that a nurse giving generalized service cannot successfully serve more than 2000 persons." Most communities are very far from such an ideal, yet though this is admitted no recommendation is made that

until this average is reached generalization should proceed slowly.

Enough has been said to suggest thoughtful and perhaps critical reading of the chapters dealing with this matter. Wise experimentation is of the utmost value and the last word has been said on very few subjects. If the readers of *Nursing and Nursing Education*, however, placidly accept the result of the Committee's labors feeling themselves thereby absolved from further thought on the matters dealt with in its pages, only a modicum of success will have been attained by its publication or by the four years of hard and difficult work which preceded its publication. If on the other hand, its readers are filled with a new interest in the subject of nursing and nursing education; if in the light of its scientific inquiry, they are inspired to more thoughtful questioning of all accepted methods and if those engaged in public health work are driven to probe deeper into all causes of success and failure, Miss Goldmark, her co-workers and her committee may well feel that in the publication of this remarkable book, they have accomplished a task of the highest significance to the cause of nursing.

A short and exceedingly interesting chapter on industrial nursing and a brief summary of later chapters on education close the section on public health nursing.

As the name of the book implies, its main thesis is the education of the nurse, and to this two-thirds of its pages are devoted. Readers of the present review must, therefore, realize that the most vital problem of the book has not been touched upon. *Nursing and Nursing Education* represents pioneer thinking on more than one aspect of nursing and as such must be read by all those who are likewise thinkers on this subject.

MARY S. GARDNER.

HEALTH FOR SCHOOL CHILDREN
Report of the Advisory Committee on Health
Education of The National Health Council
School Health Studies No. 1

Department of the Interior, Bureau of Education,
Washington, D. C. Price 10 cents.

In the January number of the magazine, Miss Cornelia Lyne gave an admirable summary of this long expected report. There is therefore no need to do more than give notice that it is now available from the Government Bureau as above. For those, however, who may have missed the note in the January issue we list the "Sections" contained in the Report. In the "Introduction," the scope of school health work is defined as including health training and instruction; physical training activities as related to health; health supervision of children and teachers; preparation of teacher for health training and instruction; the hygienic arrangement and administration of the school program, and the hygiene of the school plant. The difficult and much discussed question of administration is also dealt with.

Section I. deals with Health Training and Instruction.

Section II. Physical Training Activities in the School Health Program.

Section III. Health Supervision for Teachers and School Children.

Section IV. Preparation of Classroom Teachers for Health Training and Instruction.

Section V. The Hygienic Arrangement and Management of the School Program.

Section VI. Essentials for Healthful School Buildings.

Section VII. Mental Health for Normal Children.

A list of agencies from whom charts, leaflets and exhibit material may be obtained is also given.

A glance over these sections will convey in some slight degree the comprehensiveness of this report. It is something no school nurse can afford to be without; and which all public health nurses will want to add to their collection. It would furnish admirable "talking points."

HEALTH TRAINING IN SCHOOLS

National Tuberculosis Association,
370 Seventh Avenue, New York, 1923

Price \$1.00

This new publication, of about 300 pages, is a handbook for teachers. Its keynote is *practice* rather than precept. It presents a complete course of health lessons based on information, specific acts, corrective exercises, projects, stories, poems and games; and outlines a year's lessons for every grade below high school.

By suggesting actual material to be used for each lesson, it is hoped that the book will be a time saver, but for the teacher who wishes to vary the lessons or to do further studying, there is left room for initiative. While the handbook may be used as a main text, it will also supplement any other book already in use in a class room.

The National Tuberculosis Association was fortunate in securing the permission of publishers to print in the book, stories and poems beyond the reach of many teachers because of the wide range of volumes from which they are drawn. They are collated with a view to practical application to health teachings. School nurses will find this material very helpful.

LOUISE STRACHAN.

The Children's Bureau has printed for free distribution a pamphlet prepared in conjunction with the Committee on the Relation of the Nurse to the Operation of the Maternity and Infancy Act. This pamphlet will give to each nurse a simple statement of (1) the nurse's responsibility for explaining the significance to a community of a complete program for the protection of mothers and babies; (2) the operation of the Maternity and Infancy Act; (3) the minimum standard for the public protection of the health of mothers and babies. The National Nursing Headquarters will be glad to supply this pamphlet in any number desired.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

REPORT OF RED CROSS MEDICAL ADVISORY COMMITTEE ON HEALTH

THE Medical Advisory Committee which was appointed by the Red Cross last fall to consider the present and future health program of the American Red Cross has in its report heartily endorsed the present health activities and policies of the Red Cross and has urged in addition the undertaking of a more extended program of health education to be conducted through the agency of the Red Cross Chapters.

Judge Payne, Chairman of the Red Cross, in commenting upon the report of the Medical Advisory Committee says:

"Some difference of opinion existed among the members of the American Red Cross as to character and extent of its peace-time health program. This was shared by members of the medical profession, and at the annual convention of the American Medical Association, held in St. Louis in May, 1922, a resolution was adopted questioning such activities. It therefore seemed wise that the subject should be fully considered by the ablest men in the medical and public health field.

"Accordingly, a Health Advisory Committee was appointed in October, 1922. After giving the subject most earnest and exhaustive consideration, the committee unanimously adopted the report. This provides for the Red Cross a definite constructive program which every member and every Chapter may follow with confidence."

* * *

Committee Membership

This Health Advisory Committee, of which Dr. William H. Welch of Baltimore, perhaps the most notable figure in the American Medical world today, is chairman, counts among its members leaders in the medical and public health field. Its personnel is composed of:

Dr. Herman M. Biggs, New York, State Health Commissioner and Director of the Rockefeller Institute of Medical Research.
Dr. Thomas S. Cullen, of Johns Hopkins, Baltimore.

U. S. Surgeon-General Hugh S. Cumming, of Washington, D. C.

Dr. Livingston Farrand, Ithaca, N. Y., President of Cornell University.

Dr. Franklin H. Martin, of Chicago, surgeon and medical writer.

Dr. Fred B. Lund, of Boston, practising surgeon.

Dr. George Morris Piersol, of Philadelphia, Editor, *American Journal of Medical Science*.

Dr. John H. J. Upham, Columbus, Ohio, member of the House of Delegates, American Medical Association.

Prof. C. E. A. Winslow, of Yale University, New Haven.

THE REPORT IN DETAIL

The report of the committee is in part as follows:

"The American Red Cross has, for a period long antedating the Great War, included public health work among its major activities. Through its nursing services, through classes in home hygiene and nutrition and through leadership in the field of co-operative organization of voluntary health agencies, it has made contributions of fundamental importance to the cause of public health. Through its primary part in the establishment of the League of Red Cross Societies, the American Red Cross has even assumed a certain sponsorship for the concerted spread throughout the world of the conception of the Red Cross as a constructive peacetime health agency.

* * *

"The problem laid before your Advisory Committee is, as we understand it, whether the individual health activities of the American Red Cross as carried on at present should be curtailed; whether they should be maintained on their existing basis; or whether they should be developed and co-ordinated into a Health Pro-

gram of sufficient appeal to attract a wider Chapter response than has hitherto been manifest."

The Opportunity of the Red Cross in Health Education

"Your committee is unanimously of the opinion that the last mentioned alternative is the one to be adopted. The Charter of the American Red Cross clearly lays upon it the responsibility of preventing as well as of alleviating the suffering created by preventable disease. Abandonment of health activities is therefore out of the question, and if health work is to be performed at all it seems to us clear that it will gain immensely in efficiency by fuller co-ordination and more definite emphasis.

"From the standpoint of the public health worker and that of the practising physician, your committee believes that there is a unique need and a unique opportunity for such a health service as the American Red Cross could render. The protection of the public health is fundamentally a governmental problem; but it is a problem which requires for its solution not only official action, but also the intelligent and active co-operation of the individual citizen. Modern wars are not waged by armies alone. The munition worker, the transport worker, the miner, the farmer, play a part as essential as that of the soldier. The war against disease must also be a war of the whole people. Such primary requirements as water supply and waste disposal systems may be provided and quarantine regulations enforced by the governments; but the most important problems of modern public health can be solved only with the voluntary co-operation of the individual citizen.

"The object of the public health worker of the present day is to change the daily habits of life of the woman in the home and of the man at the desk and the work-bench. Such a change cannot be effected by laws, but only by the slow process of edu-

cation. In recognition of this fact the public health movement in the past ten years has become more and more definitely educational in its very essence.

"It is in connection with this great educational campaign for public health that the Red Cross finds its supreme opportunity for leadership. Non-political and non-partisan, established in the confidence of the people as the greatest practical world force for the concrete expression of the ideal of service to humanity, with vast potential membership and an organization which can be developed so as to reach into every hamlet, the Red Cross, and the Red Cross alone, can successfully effect the mobilization of popular sentiment which is necessary to make the control of preventable disease a solid reality.

"It has been well stated that 'the function of the Chapters of the American Red Cross in the health field is the promotion of individual and community health through personal service, group instruction and general health propaganda.' Personal service, as a rule, however, should be conducted by the Red Cross during a definite demonstration period, to be turned over as soon as possible for routine administration to the constituted health authorities. In other words, even such actual services as public health nursing are rendered by the Red Cross as educational demonstrations. Education is the center and the essence of the Red Cross Health Program."

Recommendations of Committee

"We would recommend, in order that the full possibilities of Red Cross health education service may be realized, that the home hygiene and nutrition work now conducted by the Red Cross be incorporated in a more extensive plan which would aim at the organization within each Red Cross Chapter of a Health Study group—for the consideration first of the principles of personal hygiene and, second, of local com-

munity health conditions and health needs. This study class or Health Committee would thus become a continuing force for the support of the public health program in the community served by each Chapter—an organized expression of that voluntary interest and voluntary support which are so essential to the conduct of the modern public health campaign. Particular applications will differ in different communities; but there is no single Chapter of the American Red Cross which has not members who would benefit by a study of personal hygiene; there is no single Chapter which by an intelligent survey of its local health situation could not find some opportunity for concrete service. The development of health study classes and neighborhood health service committees should, we believe, form the basic and universal element in a comprehensive health program; and the national organization should, in our judgment, take a definite and vigorous lead in this matter by preparing outlines of organization, syllabi for lectures and conferences, plans for surveys and suggestive standards for health programs."

Approval of Present Red Cross Health Activities

"Although the fundamental objectives of the Red Cross Health Program should be educational, it is obvious, as we have pointed out, that the best form of community education will often consist in the demonstration by a Chapter of the value of specific community health services, wherever possible with the co-operation of other health agencies. Public health nursing and the co-ordination of existing community health agencies are excellent examples of such demonstrative community health education; and the health study classes will prove an invaluable medium for revealing opportunities for constructive services of this type.

"As important integral parts of a Health Program based on health

study and health demonstration we desire to express our hearty approval of the following policies of the Red Cross as at present formulated:

1. The organization of classes in Home Hygiene and the Care of the Sick.

2. The organization of classes in Nutrition.

3. The organization of classes in First Aid and Life Saving.

4. The health phases of the Junior Red Cross program, such as (a) the development of personal health habits; (b) participation in a school health program; and (c) participation in community health programs.

5. The enrollment of properly qualified nurses under the Division of Nursing Service.

6. The organized development of Public Health Nursing in rural and semi-rural districts, through the activity of the Division of Public Health Nursing.

7. Assistance in the development and standardization of the training of public health nurses through loans, scholarships, subsidies and the like. (This work of the Red Cross could with advantage be materially expanded in co-operation with the National Organization for Public Health Nursing.)

8. The development of machinery for the co-ordination at one central point of the work of various local health agencies.

9. Co-operation on a national scale with such organizations as the National Health Council for the purpose of furthering the co-ordination of voluntary public health activities."

The principles regarded by the Committee as fundamental to a Red Cross Health Program and which are outlined in the following paragraphs have been the established practice of the Red Cross ever since its entrance into the health field.

"If the Red Cross Health Program is to avoid reasonable criticism it

must be so framed and so executed, both nationally and locally, as, in all respects, to supplement and co-ordinate with the work of constituted public health authorities and of the medical profession.

"It should be regarded as an essential principle by the Red Cross that all health work undertaken shall be carried on only with the knowledge and approval of the State Department of Health and of the locally constituted health authorities of county, city or town. It should be considered a primary responsibility of the division offices of the Red Cross to consult with State Departments of Health and of the Chapters to consult with local departments of health before engaging in any new health activities and to keep such departments regularly informed of their progress and development. It is desirable, wherever possible, that the local health officer should be an active or co-opted member of each Red Cross Chapter Executive Committee.

"In view of the intimate contact between a public health program of any type and the work of the medical profession, it is recommended that Chapters ask the local Medical Society or the local physicians as a group to nominate a doctor of their own choice to act as their representative on the Chapter Executive Committee or the Committee on Nursing Activities."

The policies which have governed the Red Cross in the relation of its workers to the medical profession and which have been in effect for a long time were heartily approved by the Committee and adopted word for word without alteration or addition. In this connection the report reads:

"It is axiomatic that neither the nurse nor any other Red Cross worker diagnoses, prescribes or gives medicine or surgical care except under doctor's orders.

"The following principles now governing Chapter procedures which

relate to the medical profession are approved by us:

1. The nursing of patients shall be carried on only under the direction of a licensed physician.

2. In advising relative to securing medical or surgical treatment the Red Cross does not choose between individual licensed practitioners. Such choice must be left to the individual patient or to his family.

3. The Red Cross advises with reference to securing special medical and surgical treatments only after consultation with the physician where one is available.

"Chapters which employ public health nurses should request the Medical Society or the local physicians as a group to endorse standing orders which the nurse should follow in giving nursing care on her first visit to a patient if the patient has no doctor, or if the nurse cannot get in touch with the patient's doctor.

"It is understood that such orders do not authorize a nurse to continue giving nursing care after the first visit if there is no doctor in charge, and that the nurse will make every effort to get in touch with the doctor in order to secure his specific instruction in person.

"The Medical Society should also be asked to decide to whom the nurse shall refer indigent patients for diagnosis and treatment in the absence of a public physician for the poor; and to say what the nurse is to do if a patient having no family doctor and no knowledge of local doctors asks for suggestions as to medical care."

* * *

In order to unify this health program and make it effective and successful the Committee recommends the appointment of a Director of Red Cross Health Services of such capacity, experience and reputation as will command the respect and co-operation of public health officials and medical men throughout the

country. It urges that the extended program be given ample publicity and that it receive the whole-hearted support both of the Central Committee and of the Chapters.

The Health Advisory Committee finds the Red Cross through its chapter organization particularly equipped and fitted to carry out such a program as it has recommended. It believes that the further development of its present health activities and the undertaking of the extension of health education will greatly strengthen its peace time health program and win for the ideals and

work of the whole organization increased support and influence.

The report concludes:

"For all these reasons we believe that the inception of a comprehensive Health Program by the American Red Cross would not only constitute a public service of the first magnitude, but would greatly strengthen the Red Cross for all the other tasks which may be before it; and we urge that such a program be undertaken, along the general lines laid down above, at the earliest possible moment."

SOME THINGS THE RURAL NURSE SHOULD KNOW

Some of our readers will remember a note entitled "A New Curriculum for District Nurses," taken from *Kai Tiaki*, the nursing journal of New Zealand, which appeared in our February issue. We have received the following comments in regard to this note from Alma L. Bennett, R. N., St. Lawrence County (N. Y.) Tuberculosis Nurse:

"It is my opinion that the 'back-block settler's' letter contains much truth; personally, I can boast of the assets he suggests, and I would add to the list: butter making, breeding and care of farm stock, auto repair, and knowledge of how to operate various makes of cars. There have been times when I have questioned which, in my then position, was of greater value—the above knowledge or my nurse's training! But really, the public health nursing service cannot function to the fullest without a greater or less degree of education along the lines set down in this article.

Of course a nurse isn't ordinarily expected to *do* all these things, but a *real* knowledge of *how* to do them, and ability to make good if need be, has very certain value, psychological as well as material. There is also a definite reward in fellowship and confidence given the nurse who 'understands.' It seems to me that a greater vision and broader fundamental education in rural industries and customs are necessary to develop public health nursing in the country. Possibly, country bred women to take a nursing course, plus a study of the Poor Laws and the Penal Code, might be a solution of a situation that looms in prospect as a problem.

In my Chevrolet I carry a fifty foot rope, a hatchet, an electric lantern, and some newspapers. All this paraphernalia has come into service many times—not only for myself, but in aid of fellow travelers."

NEWS FROM THE FIELD

MEETING OF NATIONAL CONFERENCE OF SOCIAL WORK

The fiftieth anniversary meeting of the National Conference of Social Work will be held in Washington, D. C., May 16-23. The following is the order of days on which various subjects will be considered:

Opening Session, Wednesday evening, May 16.

May 17. Health.

May 18. Industry.

May 19. Law and Government.

May 20. The Church.

May 21. The Home.

May 22. The School.

May 23. Public Opinion.

In the meetings on Health the following topics will be discussed:

Group Meetings

Hospital Social Service and Health. Presiding, Ruth V. Emerson, Boston Dispensary. Unoccupied Fields in Health Promotion and Disease Prevention. Presiding, Livingston Farrand, Chairman, Committee on Health.

Health Demonstrations. Linsley R. Williams, Managing Director, National Tuberculosis Association.

Social Aspects of Medical Research. Presiding, Eugene R. Kelley, State Commissioner of Public Health, Massachusetts.

The Growth of the Social Point of View. Presiding, Elizabeth G. Fox, Director of Public Health Nursing, American Red Cross.

Social Health Problems in Rural Communities. Presiding, Robert R. Moton, Tuskegee Institute.

General Sessions

Economic and Industrial Importance of Health. Presiding, Charles J. Hastings, Commissioner of Health, Toronto.

Mental Hygiene. John R. Commons.

Evening General Session

Presiding, Homer Folks, President of the Conference.

Practical Objectives in Health Work during the Next Twenty Years. Hermann M. Briggs, Commissioner of Health of New York State.

"Social Work and Health Programs" Livingston Farrand, President of Cornell University.

A SECTION ON PSYCHIATRIC SOCIAL WORK

Psychiatric social workers throughout the country have organized as a section of the American Association of Hospital Social Workers, to

be called the Section on Psychiatric Social Work.

The requirements for active membership in the Section are based upon training and experience; and there are no associate members. Graduates of recognized training courses in psychiatric social work of not less than nine months duration are eligible after they have held a position in psychiatric social work for one year; graduates of schools of social work who have not taken a special course are eligible after two years in a position in psychiatric social work; and persons who have not taken formal training but meet certain educational requirements are eligible after four years of successful accomplishments in psychiatric social work.

The objects of the Section are stated as (1) to promote association of psychiatric social workers and (2) to promote standards in psychiatric social work. Various local groups that meet more or less informally are co-operating with the Section. No local branches of the Section, however, are being formed at present, as the emphasis is now upon uniting all eligible psychiatric social workers of the United States and Canada in one organization. News of the progress of the new section will appear in the Association's Bulletin, and meetings will be held when the Association holds its annual meeting during the Conference of Social Work in Washington, May 16th to 23rd.

The officers of the new Section on Psychiatric Social Work of the American Association of Hospital Social Workers are as follows:

Executive Committee

Mary C. Jarrett, President, Boston.
Mary Ferguson, Vice-president, Philadelphia.
Maida H. Solomon, Secretary-Treasurer, Boston.

Other Members of Executive Committee

Marie Donohue, Boston.
Cornelia Hopkins, Chicago.
Susie Lyons, Boston.
Martha Strong, New York.

Inquiries of all kinds may be addressed to the secretary, Mrs. H. C. Solomon, 74 Fenwood Road, Boston, Mass.

MEETING OF NATIONAL TUBERCULOSIS ASSOCIATION

The Nineteenth Annual Meeting of the National Tuberculosis Association will be held in Santa Barbara, Cal., from June 20 to 23, inclusive.

The Nursing Section will meet on June 21st and 22nd, with Jane C. Allen as Chairman. On the 21st the subject of the meetings will be a symposium on Tuberculosis Training for the Student Nurse; and on the 22nd, a symposium on The Place of the Public Health Nurse in Tuberculosis Work, Especially as it Touches Children.

THE WOMEN'S LEAGUE FOR PEACE AND FREEDOM

The Annual Meeting of the United States Section of the Women's International League for Peace and Freedom was held in Washington, D. C., March 14th to 16th. The special object of the conference this year was to consider ways in which the United States can help in the present world difficulties. It will be recalled that the Women's International League for Peace and Freedom is the development of the Women's Peace Party which began its activities in 1915. In 1916 the Peace Party became, through the efforts of the International Congress of Women, the United States Section of the Women's International Committee for Permanent Peace. In 1919 at the Second International Congress at Zurich, this was changed to the present League with the title as given above, with permanent headquarters at Geneva. The constitution of the U. S. Section of the League provides for State branches with local autonomy.

The interesting and stimulating program of the Washington meeting included a report of the International Conference at the Hague and the European situation by the National

Chairman, Mrs. Lucy Biddle Lewis; Can the United States Help Europe, Professor E. A. Patterson; American Imperialism, Lewis S. Gannett; Aspects of European Imperialism were discussed by other speakers. Miss Maude Royden spoke to a large audience at an evening meeting, and "Private Peat," Canadian soldier of the Great War, made an earnest appeal for education in schools on the real, rather than entirely on the heroic and romantic aspects of war, as a true education for peace.

SCHOLARSHIP FOR NURSES

To interest nurses in college and post-graduate courses, *The Trained Nurse and Hospital Review* is offering a two-hundred dollar scholarship to nurses graduating from accredited schools between July 1, 1922, and July 1, 1923.

The award, according to the announcement of the donor, will be made by a scholarship committee composed of representative nurses on the following basis: the standing of the applicant in her class; her standing among other graduates of the state as represented by state board averages; an estimate of fitness furnished by the applicant's superintendent of nurses; an estimate of fitness based upon the committee's grading of a three thousand word thesis on a phase of the subject in which the applicant desires to specialize.

Superintendents of nurses and eligible applicants may communicate with the editor of *The Trained Nurse and Hospital Review*, New York, concerning details of the competition.

CIVIL SERVICE COMMISSION VACANCIES

The U. S. Civil Service Commission invites application from persons who are qualified and who desire to enter the Government service at the new U. S. Veteran's Bureau Hospital for colored veterans, shortly to be opened at Tuskegee, Ala. The hospital has been built for colored pa-

tients only; it will be the policy to select colored eligibles for appointment. The appointments to be filled are:

Graduate nurses (Chief, Assistant Chief, Head and staff positions).
Reconstruction Aides.
Reconstruction Assistants.
Dietitians.

Application blanks and further information may be obtained from the U. S. Civil Service Commission, Washington, D. C.

ANNUAL REPORTS

Columbus, Ga.

The Sixth Annual Report of the Public Health Nurse Association gives statistics covering 8016 cases, with a total of 41,186 visits during 1922. Prenatal instruction was given to 717 mothers, and post-natal care and instruction in 292 additional cases not reported until after delivery. A course of lectures has been given by the Association to midwives, who report two-thirds of the births in Muscogee County; at the end of the lecture course those who pass the examination are given certificates by the Health Officer. There were 271 child welfare clinics held; and 44 Home Nursing classes. Medical examination was given to 2500 school children.

A Health Booth was put on at the Chattahoochee Valley Fair, with a first aid room, weighing of children, distribution of health literature and the operation of a Child Health Railway. Health posters of the Modern Health Crusade and nutrition work were also displayed.

Worcester, Mass.

The Worcester Society for District Nursing makes an interesting report for the year 1922. The Superintendent, Rosebelle Jacobus, draws a picture of the varied activities of the Society—the bedside nursing care of 12,058 patients, with 45,966 visits—the work of the three nurses in the Prenatal Department, who made 10,522 visits on 1196 expectant mothers—the care of 4254 babies

under 18 months, together with work in the milk stations under the direction of the Clean Milk Committee—the tuberculosis department, and two summer camps—the child welfare work, which carries the children over the period from their transfer from the baby welfare department until they are dismissed to the school nurse.

The report of the Motor Corps is interesting. The Society owns three cars, in addition to the assistance given by the Motor Corps with its 70 active members, who served 710 hours, with a mileage of 3218 miles. The Corps is computed to have saved \$620 in carfares and \$800 in nurses during the year; but, as pointed out by the Superintendent, there can be no estimate given of the hours of sickness the nurses and Society have been saved by this important volunteer service.

NOTES FROM THE STATES

California

The San Francisco Hospital School of Nursing offers a three months' course in nursing in communicable diseases to students from schools of nursing accredited by the Bureau of Registration of Nurses of the California State Board of Health.

An advanced course in nursing in communicable diseases is also offered to students who have completed the basic course and who are preparing for public health nursing. Information in regard to both these courses may be obtained upon request.

Connecticut

We have been asked by the Secretary of the Alumnae of the School of Public Health Nursing, New Haven, to publish the following obituary notice:

Clare Pease Brennan, graduate Meriden Hospital, and of the School of Public Health Nursing, New Haven, died suddenly at her home in Meriden, on March 8th, 1923, following an attack of pneumonia lasting only two days. The death of Mrs. Brennan is an irreparable loss to her

many friends and the nursing profession.

Massachusetts

The New England Industrial Nurses Association, with headquarters at 3 Joy Street, Boston, held its annual business meeting January 15, 1923, immediately followed by a dinner, address and music at the Twentieth Century Club Rooms. Dr. Alice Hamilton, Instructor in Industrial Poisons at Harvard University, was the speaker.

* * *

The speaker for the February meeting was taken suddenly ill at the last minute, so the nurses held an informal meeting, talking over problems relative to their respective plants.

* * *

The March meeting was the regular "Open Meeting" with no speaker. Letters were read from absent members and those present told of real constructive health work being done in their particular plants.

* * *

The speaker for the April meeting was Mr. John Garvey, Personnel Manager of the Dennison Mfg. Co., Framingham, his topic being, "Is the Industrial Nurse an Asset or a Liability to Industry?"

Also, Miss Sally Johnson, R. N., Chairman of the Legislative Committee of the Massachusetts State Nurses Association, told of pending legislation in which nurses are interested.

And at the May Meeting, Miss Ethel M. Johnson, Assistant Commissioner of Labor and Industries will tell "How Massachusetts Protects Working Women and Children."

Michigan

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination in Lansing, June 27th and 28th.

MRS. HELEN DESPELDER MOORE,
R. N., Secretary.

Missouri

The public health nurses of rural Missouri met at Jefferson City, for a week's conference beginning March 12th. The conference was arranged by the Public Health Nursing Service of the State Board of Health, in co-operation with the Children's Bureau of Washington and the Southwestern Division of the American Red Cross. The purpose of the conference was to bring all the public health nurses of the State into closer co-operation with the State Board of Health, and also to formulate plans for more extensive work in prenatal, maternal, and infant hygiene in Missouri. Miss Marie Phelan, Chief Consulting Nurse for the Department of Maternal and Infant Hygiene of the U. S. Children's Bureau, gave a series of six lectures on this subject. Each lecture was followed by a lively discussion as to the best method of adapting the procedures to the conditions in Missouri, and the rural nurses told of many varied, interesting experiences. Miss Phelan emphasized the fact that the first work would be largely educational through literature, lectures, and mothers' conferences. The majority of the local nurses feel that the educational work must be accompanied by some actual demonstrations in care both at confinement and following delivery, in order to secure the confidence and good will of the people in rural Missouri.

Dr. Irl Brown Krause, Director of Child Hygiene, Missouri State Board of Health, outlined the general plan of procedure in Child Hygiene work for the coming year, and explained the county co-operative plan, whereby the Division of Child Hygiene will match funds appropriated by the county for the employment of a public health nurse to do child hygiene work in that county. The nurses in these counties will work directly under the supervision of the State Department.

Mr. E. L. Morgan of the Department of Rural Life, University of

Missouri, gave a splendid address on Community Leadership. One of the points he emphasized was this: In order to be a successful leader, we must give the community eighty percent of what they want, then gradually create in them the desire for better things. He mentioned that a good leader often followed and pushed at the right time, instead of being in the lead continually.

Practical suggestions and plans for the control of contagious disease in rural districts were outlined by Dr. Thomas Parran, Jr., Director of Rural Sanitation, Missouri State Board of Health.

Miss Wing, Publicity Director for the Southwestern Division of the American Red Cross, gave a splendid talk on acquainting the community with the work. She gave three reasons why the average nurse is a poor publicist. Her hospital training teaches her not to discuss her work with the public. Second, the nurse and doctor are accustomed to discuss everything pertaining to their work in technical terms, which mean very little to the average layman; she cited as an example the story of the clinic physician who asked the colored patient if she were pregnant, to which she nervously replied, "No sir, I's Methodist." And finally, it is hard to make the nurse believe that publicity is not only legitimate, but a very necessary part of her work.

Health education in the schools was the subject discussed by Dr. Wylie, Assistant Director of Hygiene, St. Louis Public Schools. Following this lecture, Miss Maud Tollefson, R. N., of the Polk County Health Department, gave some excellent methods for presenting health subjects in rural schools.

The public health nurses and members of the State Board of Health and their wives, were entertained at dinner by the Women's Association of Commerce on Tuesday evening. Between courses the various tables competed for honors in singing Health Songs.

An invitation was extended to the

public health nurses to hold their next year's conference with the County Health Officers during their regular meetings at Columbia, and the nurses unanimously approved this plan.

The public health nurses are indeed grateful to the U. S. Children's Bureau for making it possible to have Miss Phelan with them throughout the conference, and they all feel that much benefit was derived from her instruction in regard to the organization of maternity and infancy work in Missouri.

New York

The senior classes in schools of nursing in and about New York that have been following Miss Hitchcock in the series of talks on public health nursing had an interesting meeting late in March in the Central Building of the Henry Street Visiting Nurse Service. Miss Goodrich spoke, linking in a very intimate and delightful way, all that the students have been learning, are learning now and are going to learn, with the final goal of the profession—that of assisting in the establishment of *health for all*. Two films were also shown; the first, entitled "Meeting the Menace of Tuberculosis," was loaned by the New York Tuberculosis Association; and the second, the film of the N. O. P. H. N. entitled "An Equal Chance." After the program the whole building was opened for inspection, and the pictures, charts and graphs of the Henry Street Nursing Service were shown.

* * *

The Jane A. Delano Post, No. 344, American Legion, meets on the second Friday of every month at the Central Club for Nurses, 132 East 45th Street, New York City, at 8:30 p.m. The Post is doing splendid welfare work. Ex-service nurses will be welcomed to membership, and those who are interested should plan to attend a meeting and hear about the work that is being done, including that in connection with the Veteran's Mountain Camp.

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NOTES FROM THE STATES

(Continued)

The Section on Pediatrics of the Associated Out-Patient Clinics of New York, including a representative of the professional staff of each of thirty-seven pediatric clinics of the city has, through its Executive Committee been actively engaged in working out plans for aiding and improving out-patient service in pediatrics. The Section agreed that the professional staffs and governing authorities of the pediatric clinics would be stimulated by the existence of an approved standard, and by comparison of existing clinics with this standard. As a first step towards this end, requirements for an out-patient service in pediatrics were formulated.

These requirements were submitted in their first draft to various interested individuals for criticism, and after revision were finally adopted by the Section, and later authorized by the Association. The standards are published in the current number of the "Archives of Pediatrics."* They are not regarded as in any sense complete or final, but as a working basis.

The Section also decided to select one institution in which could be demonstrated well-rounded service in pediatrics; and after a study of the various clinics of New York, because of the excellence of its out-patient department, the Children's Medical Division of Bellevue Hospital was chosen. The demonstration at Bellevue began February first, and its results will be closely followed by the Section during the year.

Ohio

"Let Health Rule in Bethel" is the slogan adopted by a little town of less than 2000 population in Ohio, the first little town to try to adapt the health exposition idea to a small community.

Perhaps it was because Bethel is located near Cincinnati where the success of the health exposition held

* Reprints are available on application to the Associated Out-Patient Clinics, 17 West 43rd Street, New York City.

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NOTES FROM THE STATES

(Continued)

in 1921 has not yet faded out of the public mind that Bethel conceived the idea. At any rate the Public Health Federation which was responsible for the Cincinnati Exposition has in some small measure helped Bethel to work out its plan. The Bethel exposition was held March 18-24. The local Journal carried a prominent headline on all of its issues and numerous articles in the most prominent positions on the front page of the paper every issue. The publicity program also included, advertising in all the county papers, handbills posted in various public places in the surrounding towns, automobile placards with advertisements and similar features.

Bethel planned to have an exposition hall where exhibits were held during the health week and an auditorium in which a program of entertainment, motion pictures and addresses was held every afternoon and every evening during "Health Week." The program started off with a health sermon at each church in the community on the first Sunday of the Exposition. Each grade in the public schools prepared a health playlet or some kind of appropriate health demonstration, which was followed by an address on some health subject given by a public health worker or physician from the nearby cities or the State Health Department, and that in turn by a health film related to the speaker's subject. In addition there were on the program setting up exercises by the school children, tooth brush drills, demonstrations in home making and other interesting features.

All the merchants in the town were asked to participate by decorating their stores and all citizens were asked to adorn their homes so that the town presented a festive appearance during "Health Week." Merchants were also asked to present special displays of their wares that help promote or maintain the health of the community. Poster contests

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NOTES FROM THE STATES

(Continued)

in the public schools brought forth a multitude of colorful posters which were placed in the shops and in public buildings.

The Exposition was promoted by a group of prominent citizens and they had secured the co-operation of most of the leading health organizations in Cincinnati, of their own County Health Commissioner and of the State Department of Health. Among the special features of the "Health Week" was a demonstration by officials of the State Department of Health in Schick testing to determine immunity from diphtheria.

Oregon

The Oregon State Graduate Nurses' Association has opened a State Headquarters office, which will also house the official Registry for Portland and surrounding communities of First District.

The formal opening took place on April 1st, and represents the result of several years' efforts and very fine co-operation between the hospital training schools for nurses, alumnae associations, and nurses working individually and through the State association. Mrs. Frances McLane Platts, R. N. has been unanimously chosen as Director and Registrar, and she will be assisted by Miss Emily Booth, R. N.

The office is located at 673 Johnson Street (Tel. 8872), and will be professional headquarters for nurse visitors as well as for local members.

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